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ABSTRACT

The purpose of this practicum was to train 20 elementary teachers to do therapeutic music activities designed specifically to promote social skills in elementary school children. A five- part seminar series was presented over a 10-month period. The goals of the practicum were (1) to improve the teachers' knowledge of intervention techniques and music therapy; (2) to expand the teachers' ability level to include the application of music activities for teaching, remediating, and practicing social skills; and (3) to promote teachers' awareness of the emotional impact of these highly sophisticated yet simple activities. Central to reaching these goals was the necessity of making teachers competent, comfortable, and confident in providing their students with structured opportunities to learn and practice pro-social/affective skills. The instructional strategy guiding the seminars was primarily experiential, that is, learning through doing. Evaluation data suggested that the practicum was successful. (RH)

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TRAINING ELEMENTARY TEACHERS TO USE MUSIC THERAPY ACTIVITIES FOR SOCIAL SKILL PROMOTION

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NOVA UNIVERSITY

TRAINING ELEMENTARY TEACHERS TO USE MUSIC THERAPY ACTIVITIES FOR SOCIAL SKILL PROMOTION

by

Celene A. Alexandra

Cluster XIII

PS 015830

A Practicum Report Presented to the Ed.D. Program
in Early Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1985

JUN 10 1985

This practicum took place as described.

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June 5, 1985

This practicum report was submitted by Celene A. Alexandra under the direction of the reviewer listed below. It was submitted to the Ed.D. Program in Early Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education in Early Childhood at Nova University.

Approved:

June 15, 1985 — Date of Final Approval of Report

JoEllen Salce — JoEllen Salce, Ph.D.

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ABSTRACT

Training Elementary Teachers to Use Music Therapy Activities For Social Skills Promotion
Alexandra, Celene A. 1985: Practicum Report, Nova University Ed.D. Early Childhood Education Program
Descriptors: Elementary Education/Exceptional Child Education/Social Skills/Self-Concept/Remedial Instruction/Music Therapy/Special Educators and Stress/Teacher Education/ Affective Education

This practicum addressed the need and desire of elementary teachers to assist their students in learning social skills through a pleasant and effective technique. Therefore, the purpose of this practicum was to train twenty elementary teachers to do therapeutic music activities designed specifically to promote social skills in elementary-aged children.

A five part seminar series was presented over a ten-month implementation period. The goals of the practicum were threefold: first, to improve the teachers' knowledge of intervention techniques and music therapy; second, to expand the teachers' ability level to include the application of music activities for teaching, remediating, and practicing social skills; and third, to promote the teachers' awareness of the emotional impact of these highly sophisticated yet simple activities. Central to reaching these goals were to make teachers competent, comfortable and confident in providing their students with structured opportunities to learn and practice pro-social/affective skills. The instructional strategy which guided the seminars was primarily experiential - that is learning through doing. The experience of doing these creative activities before investigating their dynamics directed attention to the teachers' own growth and refinement of their skills, as well as developed an empathy with their students' struggles in these areas.

Of the teachers who participated in the program twenty out of twenty attended all the sessions and performed the presented activities with their students throughout the implementation period. In addition, standards of performance were met for all objectives. The practicum was extremely successful with 100% of the teachers feeling comfortable and confident in presenting a musical activity designed for practicing pro-social behavior; with 100% of the teachers able to create a successful therapeutic music activity designed for promoting social skills; and with 100% of the teachers able to reduce their own stress level when learning these new skills.

CHAPTER I

INTRODUCTION

Author's Work Setting and Role

The position of the practicum writer is Special Education - Program Specialist in Music Therapy. Since little is written or understood about this modality of treatment, a brief overview of music therapy as a therapeutic discipline is provided in Appendix A.

As the only music therapist employed by the County school system, the responsibilities include all the duties of a therapist as well as all the duties of a department head. Presently, music therapy is centered on meeting the demands of the emotionally handicapped (EH) program at the elementary level. This consists of doing therapy in 10 schools and involves a total of 22 EH teachers, 10 crisis intervention personnel, 26 teacher aides and between 176-186 children on a weekly basis. Since some of the schools have their EH youngsters in a varying exceptionality classroom (VE), those children are seen along with their EH classmates. Although this policy keeps the group cohesiveness intact, it significantly increases the number of pupils and personnel involved with music therapy.

The philosophy of the music therapy program for the county, is to provide a quality program which will contribute to the well-being and growth of everyone it touches,

regardless of situation, and circumstance, for the highest good of all concerned. Further, music therapy is to be provided in a loving, comfortable and joyful way. It is felt that this style of attitude and delivery will create a safe therapeutic environment, where behavioral change may take place naturally - for both teacher and student. Specific goals of the music therapy program are given in Appendix B. The function of music therapy in this school system is to provide therapeutic activities using music as the modality to teach, practice, and remediate social, communication and behavior skills in young children.

Music therapy is unique in its use in this school system because it is focused on one target population and because it is structured into the EH program. Appendix C has a complete report on the foundation and structure of the music therapy program.

It should be noted that the school district was one of the first school systems in the state to develop and provide a full time music therapy program for its EH program, and is presently one of the few school systems nationally, that recognize music therapy as part of the special education department.

Because of the wide coverage of schools, personnel, and children, the writer has the opportunity to view various programs throughout the County and to come in contact with a large number of teachers. Many of these teachers request,

but do not receive music therapy services, since they do not qualify as an EH or VE classroom. These teachers are noticeably unhappy and feel children, who would benefit from this type of therapy, are not receiving services.

This practicum was offered to 20 teachers who serve elementary special education children, Kindergarten, and elementary-aged children. Data on the teacher participation and their educational speciality is provided in Figure 1. The 20 teachers represent all geographic areas of the county and are presently involved with young children in need of positive affective, pro-social, communication and behavior skills. The teachers were all volunteers, who had requested music therapy assistance, had participated in prior music therapy workshops, had heard about the program, had asked to be involved, and/or had requested information on music therapy activities to be used with their children. Furthermore, these teachers had agreed to assume responsibility for participating in all the seminars and for completing the practicum. This responsibility included using the suggested activities with their students on an on-going basis.

The practicum was implemented in a public school classroom. The school was chosen at a centrally-located site where city, suburban, and rural areas could be easily accommodated. The school was located near the interstate highway and was central to persons travelling from the east

coast as well as central to those people commuting from northern, southern, and western areas of the county.

FIGURE 1

Specific Distribution of Participants According to their Speciality

Area of Speciality	Number of Teachers
Emotionally Handicapped	4
Language Disabled	3
Gifted	1
Migrant Children	1
Specific Learning Disabilities	3
Elementary 1-3	3
Kindergarten	3
Teacher having visual, hearing or Physically Impaired Children	2

The classroom used was located near the main body of the school and was close to any needed facilities. Additionally, the room was adjacent to the parking area so materials, equipment, and displays were easily carried to the seminars. The classroom itself was air conditioned and comfortable. It had curtains, was pleasantly painted, and relatively quiet. In this nurturing climate, the environment provided

a supportive atmosphere where teachers were encouraged to experience the seminars emotionally as well as mentally and professionally. Additionally, the room was large enough for all participants to interact freely in the musical activities and with minor adjustments, the room was also suitable for lecture presentations and note-taking.

Description of Community

The complexity of the work setting and community is unique in many aspects. The writer is employed in a county school system that covers 2,332 square miles, is geographically one of the largest counties east of the Mississippi and has an estimated population of 651,400. This school system currently serves 72,466 students, drawing from a citizenry not only of white, black, and Hispanic cultures, but also drawing from a large citizenry having Haitian, Finnish, Laotian, Cuban, Jamaican and South American origins. More dramatically, the county school system has a large seasonal population of temporary residents coming from all parts of the United States.

The county, while proud of its international flavor and diversity of lifestyles, is aware of its vast socio-economic levels (ranging from the poverty-stricken migrant influx, to the world-travelled socially elite) and is very concerned with providing quality, and equal, educational programs. The school system is continually committed to meet the demands of all its divergent population.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

When teachers lack training in the areas of social skills promotion and affective education, they do not feel comfortable or confident in providing these types of experiences for their students. This void creates a situation where children do not have structured opportunities to learn/practice pro-social skills and positive affect.

In both regular education and special education there is a critical need to improve the school's emotional support system for socially needy students on the elementary level. The number of children showing behavioral, social and emotional difficulties is alarming. Whether it is the diversity of the community's population, the economic conditions, the changing patterns of family structure, the lack of parenting skills, or the uncertainty of the country, many young children are being negatively affected and are demonstrating this negative behavior outwardly.

In the county's school system, from FSY 82 to 83 there was an increase of five emotionally handicapped (EH) units in just the elementary level. From the start of FSY 83 school year to spring break, an additional six elementary EH units were formed. More alarming is the fact that though these new EH units were recently opened, there is a current waiting

list of identified emotionally disturbed children who are not being placed. It is unsettling to know that all elementary EH units are filled and more units are needed.

According to an assistant to the Central Area Coordinator, school board administrators are aware and concerned with the continuing entries of emotionally handicapped students. The number of EH children being processed surpasses the current number of SLD pupils. Traditionally, SLD students have been the highest population being served by the County's special education department. This tendency speaks directly to the emotional, and social needs of the community's children as well as to the scope of the EH influx.

In addition to the large number of identified EH students, regular teachers and special educators of other exceptionalities indicated that a sizable number of their youngsters are troubled and/or disadvantaged but are not diagnosed or labeled. This situation reflects another dimension of an already existing problem. Since these pupils are not identified as being EH, they are not eligible for any adjunctive therapeutic services. The classroom teachers see this situation as critical since these targeted children are at risk socially and/or emotionally. The teachers strongly feel that early intervention strategies may keep these troubled youngsters out of an eventual EH placement, from living an unfulfilled life, or more tragically, from becoming a silent social burden as an adult.

Problem Documentation

In a survey of 30 elementary teachers, it was estimated that an average of 28 percent of their students would benefit from music therapy or from some form of creative arts therapy for remediating social behaviors. This percentage of children having emotional and/or social difficulties is similar to the amount projected by Andrew Biemiller. In a 1980 Canadian research study, Biemiller found that 26.5 percent of 340 kindergarten pupils were perceived by their teachers as being nonthriving in social skills development. Teachers further indicated that the problem of social and/or emotional disturbances was not contained with at-risk youngsters, but rather negative behavior patterns may have encompassed a whole generation of children but with different degrees of severity. See Appendix D for negative verbalizations of teachers.

Since the district's music therapy program is known to deal with only social, communication and behavior skills in young children, demands for music therapy assistance have more than doubled within the last two years (Figure 2). Although these requests are from outside the responsibilities of the defined music therapy program, the demands are still brought to the attention of the music therapist, and the needs of these students still must be addressed.

FIGURE 2

Number and Type of Requests for Music Therapy Assistance

Type of Request	Number of Times
School Principals ask that music therapy be extended to other exceptionalities on their campus.	4
School administrators request music therapy serve regular classes that need assistance on their campus.	2
School administrators request music therapy be given to classes not receiving other supportive type activity.	3
Regular classroom teachers request ideas to use with their classroom.	11
Requests from teachers for information on therapeutic techniques to be used with their children.	8
Kindergarten teachers asking for live demonstrations of music therapy with their children.	5
Requests to present workshops on music therapy activities and techniques.	20
Requests for a copy or outline of music therapy activities.	26
Requests to tape music being used in therapy for teachers to use with their students.	19
Primary Resource Specialists ask for assistance in developing affective activities.	6
School administrators ask that the music therapy program give suggestions on activities and techniques to teachers who need support.	8

Causative Analysis

Due to the funding shortage, music therapy did not receive any monies for equipment, materials, music, therapeutic props, repairs to existing equipment, or reinforcements during FSY 83 to 84. More significantly, due to the school system's major financial cutbacks, the school board has denied requests for the hiring of additional music therapists to assist with meeting the growing demands from the schools. Although the music therapy program has been proven to be an effective support service during its incorporation into the school system (see Appendix E) it cannot continually meet the overwhelming requests for additional therapeutic services. Regular classroom teachers and special educators need to assume some of the responsibility in assisting their students to experience social and emotional well-being.

In interviewing 30 teachers, almost all, 99 percent of the teachers, agreed that the learning of social skills is important to the growth, mental health, and well-being of their students. However, a majority of the teachers, 96 percent, also confided that time was not scheduled into their weekly classroom routine specifically for activities designed to promote pro-social skills, Some of the teachers, 63 percent, thought that physical education activities, group games, music, and art were the classes addressing the needs of self expression and social skills.

More interesting, was the consensus (88 percent) among teachers that social skills (such a taking turns, waiting patiently, cooperation, etc.) are not taught or practiced separately as a subject. The teachers felt that social skills are not best learned as a subject focus, nor practiced in a structured format. They felt that social skills are learned as an on-going process, continuing through all the scheduled activities during the school day. When approached with the proposition that social skills, like any other developmental skill or trait could be taught and practiced, 92 percent of the teachers related they would not feel comfortable being placed in that role, and 19 percent of the teachers reflected they would not have the time even if they knew the techniques. This was interesting since all, 100 percent of the teachers, agreed that adjunctive support personnel, trained in the promotion of social behavior would be a positive addition to their classroom program.

A large portion of teachers, 81 percent, thought if they could participate in a demonstration on using affective activities, they would be willing to try these activities in their classroom. However, 97 percent of those teachers willing to try the activities related they would have to feel competent in replicating the exercise in order to incorporate these techniques with their students on a continuing basis. This practicum addressed the need of those teachers, the teachers who indicated the willingness to learn new techniques and to refine

their ability levels in order to assume an additional leadership role in their classroom.

RELATED LITERATURE

Children need assistance in learning social skills. According to Elias and Mahler, 1983, the development of both handicapped and non-handicapped children in the social and affective domains is critically important yet critically neglected. Even though PL94-142 was created to insure services to the handicapped and to help prevent non-handicapped children from developmenting difficulties, it has not always been successful in its efforts.

Raiser and VanNagel, 1980, observed that in many cases, children exhibiting learning and behavior problems may not receive services until they deteriorate and show psychotic-like behaviors or suffer academic failure. Kauffman, 1980, supports that view. He found that only the most severe forms of social maladjustment qualify a child for an emotional disability classification, and since children who are identified must receive a full array of services, schools have a built-in incentive to keep classifications to a minimum.

It is recognized that whether or not the child is classified, when children have academic or emotional problems, they begin to develop negative attitudes. According to the literature, Bryan and Pearl, 1979, Leyser and Gotlieb, 1980, Mordock, 1979, some of the negative behaviors these children

experience includes attitudes of rejection, lack of personal initiative, pessimism about their future and low self-esteem.

Further evidence suggests that self-concept is related to interpersonal behavior patterns (Winne and Walsh, 1980), self awareness about success or failure (Ames, 1978), and academic achievement (Anderson, 1978). Winne, Woodlands and Wong, 1982, conclude that self-concept is an important factor in every child's development.

For children, a lack of appropriate social and personal skills is one of the most debilitating problems. Learner, 1981, suggests that in terms of total life functioning, social problems may far outweigh and be far more disabling than an academic dysfunction.

Alice Honig, 1982, concludes that children who are altruistic and get along with themselves, peers, and adults, are more likely to achieve success as well as satisfaction in both learning and social situations. Accordingly, Canfield and Wells, 1976 sees self esteem and social function connected. They believe children cannot experience positive relationships with others until they have a positive relationship within themselves. Further, Canfield and Wells project that in order for children to become healthy, productive and successful adults; positive social skills, positive self-concept, and personal self esteem must be a part of their repertoire of skills.

Providing opportunities to develop social skills is a necessary component in education. Proponents of affective education have long argued that programming designed to promote the emotional growth of all students could possibly prevent mild difficulties from becoming debilitating ones, as well as provide on-going support to well-adjusted children (Ravlin and Morse, 1977). Phyllis Weiner and Paige Massey, 1984, share that whether a program is for the proportion of nonclassified but poorly functioning students, or for the normal children who need to refine their skills, the social and affective domains are an important part of every child's development and cannot be ignored.

According to Stephens, 1981, one of the most effective means to foster social and emotional adjustments in school-aged children is through social skills training. Fleming, Ritchie, and Fleming, 1983, further projects that social skill training is not just the elimination of maladaptive behavior but rather is the teaching of adaptive behavior. In addressing the presentation of trainings, Amerikamer, and Summerlin, 1982, found that a program having brief intervention sessions proved to have a powerful effect on both self-perception and behavior.

The use of music in therapy and throughout society in modern life is highly effective. Dr. Wood, 1976, founder of Developmental Therapy, testifies to the conviction that music is a powerful tool for reaching therapeutic goals. She has

incorporated Music Therapy as a major component at the Rutland Center for treating emotionally disturbed children since 1971. Dr. Wood states that many music activities are not limited to music therapists. She believes that many musical activities can be used by people who have had little or no training in the fundamentals of music or in the use of music in therapy.

Gaston, 1968, agrees in that music is one of the most effective and rewarding ways to achieve socialization goals. He continues to cite that music by its very nature draws people together, as well as enriches each person in a very individual and unique way.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Statement of General Goals

The purpose of this practicum was to train selected elementary teachers to do activities that are designed to promote social, communication, and behavior skills in elementary-aged children. This training was done through a series of seminars designed to improve the teachers' understanding of therapeutic music activities as it applies to achieving these skills, and through experiencing music activities which would refine the ability level of the teachers, themselves, within those areas.

The goals of the practicum were: First, to improve the teachers' knowledge of intervention techniques and music therapy; Second, to expand the teachers' ability level to include the application of music activities for teaching, remediating, and practicing social skills; and Third to promote the teachers' awareness of the emotional impact of these highly sophisticated yet simple activities.

The intent of the practicum was to contribute to the professional development of elementary teachers so they can provide a therapeutic support service in a comfortable and competent manner. Therefore, by the end of the practicum these teachers would have a pleasant, and powerful technique to use with children. This service would prove to be valuable

especially for students in need of extra support, but who did not qualify for adjunctive therapy programs. This competence would also free these teachers to assist their class more readily and to experience their position more fully.

The practicum would contribute immediately and directly to improved social, communication and behavior skills in elementary-aged children as well as improved leadership qualities of elementary teachers.

Behavioral Expectations

The following objectives were projected for this practicum:

Terminal Performance Objective 1: By the end of each workshop 18 out of 20 teachers will increase their own feelings of well-being through experiencing music therapy activities as measured by the A State-Trait Anxiety Inventory.

Terminal Performance Objective 2: By the end of the program 18 out of 20 teachers will be able to feel comfortable and confident in presenting an activity designed for practicing pro-social behavior as measured by responding favorably to at least 80 percent of the items on the self-rating form.

Terminal Performance Objective 3: By the end of the program 18 out of 20 teachers will be able to respond in the affirmative, to at least 80 percent of the items contained in a check list of characteristics and components which form to create a successful music activity designed for promoting social skills.

Evaluation Instruments

Evaluation Instrument for Objective 1: The A State-Trait Anxiety Inventory was administered before and after each seminar and the difference between stress scores was measured. Single event recording was used, with each number on the A State-Trait Anxiety Inventory being equivalent to that amount of units, e.g. 4 (representing very much so) would be equivalent to 4 units.

The State-Trait Anxiety Test was developed by C.D. Spielberger, R.L. Gorsuch, and R. Lushene. The test can be used as an index for measuring actual levels of anxiety states or the test can be used for measuring general traits of proneness towards anxiety. In this practicum, the A State Form for measuring levels of an anxiety state was used. This is a 20-question inventory which specifically measures "how do you feel - right now - at this moment." Reviews of this test (Eight Mental Measurement Yearbook, 1978) show that this scale is an efficient, reliable, and valid way to access individual differences in the phenomenological experience of anxiety. This test has been used successfully in psychotherapy and counseling situations for measuring transitory anxiety as well as been used successfully in assessing the effectiveness of behavior therapy programs. Since the A State Form is easy to administer, easy to score, and has proven to be a reliable and valid index, it is one of the most popular tests for measuring states of anxiety.

Evaluation Instrument for Objective 2: A Self-Rating Form (Appendix F) designed by the practicum writer was used at the end of the seminar series. Teachers rated their experience in presenting music activities. In order for this objective to be met and this aspect of the practicum be successful, at least 80 percent of the response must have fallen between the third and fourth increments on the scale.

Evaluation Instrument for Objective 3: A Check List (Appendix G) designed by the practicum writer was used to monitor the competence of the teachers' design and implementation of music activities. In order for this objective to be met and this aspect of the practicum be successful, at least 80 percent of the Characteristics must have been answered in the affirmative.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

Possible alternative solutions for training teachers to gain skills in using music activities for the teaching and practicing of social skills were investigated and rejected by the writer.

Some of the alternative solutions were considered impractical since they would have demanded in-school time. That schedule would have required the music therapist and/or elementary teachers to be away from regulated duties. These alternatives included: providing direct music therapy to each classroom; providing an apprenticeship where teachers would learn through assisting; providing on-going observation times for elementary teachers to come and observe actual music therapy sessions.

Other types of solutions rejected would not have provided the first-hand experience of the music activities themselves, which is paramount to the learning of these music activities. These types of alternatives included the preparation of a video tape of the music activities which would have been circulated throughout the schools; the designing of a handbook detailing lesson plans for all of the music activities; providing formal instruction to the teachers.

Other alternatives considered unacceptable were those that would have involved a decrease in music therapy services to the EH children - for example, going into the classroom to tutor and/or observe the elementary teachers.

Description of Selected Solutions

The solution chosen for the training of elementary teachers to use music activities for promoting social skills with their children was the presentation of a series of seminars.

This particular method was selected for the solution, not only because it allowed the participants and music therapist to continue their assigned duties, but because it also allowed the participants to have exposure, experience, support and practice.

This approach refined the teachers' own social skills through experiencing the therapeutic music activities as well as refined the teachers' leadership skills through practicing the therapeutic music activities.

Results from research show that elementary-aged children are in need of emotional/social support and that elementary children can change their emotional/social behavior through the uses of musical activities (Purvis, 1976; Wood, 1975).

The therapeutic framework for the design of the seminars was based directly upon the effectiveness of the county's music therapy program.

It is to be remembered that the music therapy program in the elementary schools has its focus on social, communication, and behavior skills of emotionally handicapped children. The purpose of music therapy is to teach, remediate, and allow practice of positive behavior in the areas described, through the use of a music activity. Therefore, the primary content emphasis of the seminar series was the therapeutic music activities. The secondary content focus was the understanding of the concepts of music therapy, the nurturing therapeutic personality, and developmental therapy. All of these aspects are paramount in developing the therapeutic music activity.

Since the purpose of this practicum was to assist children through assisting elementary teachers, it was also paramount that the teachers develop their own style of therapeutic approach.

When the teachers developed these competencies, long term positive benefits from this practicum were predicted. It is a fact that elementary students participating in a well thought out, appropriate and stimulating music activity which has communication, behavior, or social skills as its basis, will increase their ability in those skills. By establishing early opportunities for children to practice social, behavior, communication skills through these teachers, there would be a natural increase in students developing positive self concepts.

Since it is the educator's responsibility to see that children receive necessary guidance and support in reaching fulfillment in the social as well as academic areas, it is natural for teachers to expand their expertise in this area. According to Gaston, 1968, one pleasant and effective way to achieve social skills is through the use of music activities. This practicum, through the elementary teachers, would be a part of the students' educational experience.

The design of these seminars took into account that the elementary teachers were not professional therapists but rather were caring, loving teachers wanting to assist their students in becoming fuller and richer in all of their potential. These teachers indicated a desire to assist their children through joyful, relaxed and structured activities where the teachers, themselves, felt comfortable and were in control.

Teachers with this desire and at this therapeutic level needed basic information on music therapy, actual experiences in structuring these activities and actual practice in doing these therapeutic activities. These teachers needed to feel comfortable enough to lead an activity, and have enough confidence to have freedom in their own responses.

One goal of the seminar series then, was to make teachers competent, comfortable and confident in providing their students with structured opportunities to learn and practice pro-social/affective skills.

One important function that the seminars served was to give the teachers similar experiences in the musical activities that their students would eventually have. These teacher experiences developed empathy with their students as well as assisted in teacher assimilation of the techniques. Therefore, the instructional strategy planned for the seminars was primarily experiential; learning through doing.

All participants were required to experience the suggested music activities as a student. For example, the teachers experienced the fear of sharing, the lovingness and comfort of receiving. This procedure developed empathy, not only with themselves, as participants, but also with their students as learners. The participants were also required to practice doing the techniques/activities both as a lead teacher, and as a support teacher.

In all these experiences the elementary teacher was called upon to put new information into action. This approach aligned the body in focused learning. It is found that when the mental, emotional and physical dimensions of humans are moving in the same direction, training takes place on a deeper, richer and more expedient level. Here, the participants transferred therapeutic knowledge into therapeutic behavior.

It was the intent for each participant to see themselves as already worthy of doing humanistic-type activities since each participant was a caring human already emotionally/socially supporting their students. It was also the

intent for each participant to refine their ability level, and to assume a leadership role in providing their students with these new activities.

The assumption underlying the approach for presenting these seminars for elementary teachers was that competent, comfortable and confident teachers have the desire and ability level to assist students in achieving the fullness of their being and potential on all levels.

This practicum was a part of a movement towards expanding the elementary teacher into greater awareness of themselves as well as others. Once again, the integrity throughout the seminar series was to recognize that all the participating elementary teachers were a repository of humaneness and caring, each of whom brought their own special energy and style into the music activities and each of whom was a perfectly acceptable model of human leadership when sharing from the heart. Further, the intent was to experience this integrity of sharing from the heart and of the self in all interactions. This approach of integrity was a starting point in presenting any interaction for the promotion of social skills, positive affect and the "full-ness" of well-being. This approach was also used as the basis of the therapeutic personality.

Report of Action Taken

Five seminars were held involving 20 elementary teachers. Each seminar was approximately three hours in length. The content of doing effective therapeutic music activities which produce behavioral insight was the core of the seminars.

The seminar series was devoted to experiencing and understanding the keys to a therapeutic music activity that would produce positive change in a child's social skills and communication ability; the inner dynamics of music; the techniques of intervention strategies; leadership qualities; the therapeutic nurturing personality; and the foundation/ philosophy of developmental therapy and how it applies to their students.

Teachers had time to discuss their own classroom experiences and to share with each other those aspects that did not work, and describe how they modified their presentation to make it appropriate for their class.

The implementation began in September 1984 and ended in June 1985. The seminars took place after school hours in a school classroom. A full list of equipment and materials that were used is given in Appendix H.

Three consecutive seminars were held in September, one seminar was held in January and the remaining seminar was held in June. During that span of time, participating teachers were encouraged to contact the writer for guidance, assistance, and direction with any of the activities, themes,

or presentations.

These seminars operated in the spirit of appreciation. It was recognized that teachers with different strengths and abilities came to share themselves and their experiences in order to grow personally as well as professionally. In this light, few demands as possible were placed on the teachers and their already crowded schedules.

A general outline of the seminars series is presented in Figure 3 for an overview of the program; however, detailed lesson plans, which were used for each seminar, is provided in Appendix I.

It should be noted that during the beginning seminar, photostat copies of the overview and the lesson plans were given to every group member. This was done so everyone would know the schedule of events and would have a written guide on the information that would be covered.

During the implementation period, all equipment, materials, props and music needed by the elementary teachers to do the therapeutic activities in their classroom were available at the music therapy office for check-out and/or were delivered by the music therapist.

The instructor of the seminars had the responsibility for modeling the nurturing therapeutic personality, for intellectual leadership, and for the attainment of the stated goals of the seminar series. The elementary teachers in the seminars had the responsibility to participate in all the

FIGURE 3

OVERVIEW OF SEMINAR SERIES

Seminar 1

Introduction
Experience Activities
Discussion
Therapeutic Keys
Dynamics of Music Therapy
Rhythm Instruments
Props
Types of Activities
Discussion/Questions

Seminar 2

Review
Experience Activities
Discussion
Developmental Therapy
Intervention Strategies
Dynamics of Music
Lead and Support Roles
Leadership Qualities
Discussion/Questions

Seminar 3

Review
Experience Activities
Discussion
Designing and Implementing a
Therapeutic Music Activity
Therapeutic Personality
Practice Lead/Support Roles
Discussion/Questions

Seminar 4

Review
Experience Activities
Discussion
Share Classroom Experience
Assistance/Questions
Imagery Exercise

Seminar 5

Review
Experience Activities
Discussion
Share Classroom Experience
Data Collection
Imagery Exercise
Closure

experiences provided and to present the music activities with their students.

This meant the participants engaged in experiences transforming their own social, behavior, communication skills, and affect through the therapeutic music activities. Throughout the seminar series the teachers were aware of their own response level, and were given ample opportunities through involvement in the music activities to refine their own levels. The instructor gave information on developmental therapy, music therapy techniques, intervention strategies, keys to the dynamics of creating a therapeutic music activity, leadership techniques, and music activities for achieving the social, communication and behavior objectives of the students. Participants were also given ample opportunities to practice this knowledge while being a lead teacher in the music activities as well as being a support teacher during the music activities.

The approach during the seminars had four principal phases: (1) Experience of the activities as a person, after exposure to the experience; (2) discovery on how the activity works, and why the activity works; (3) conceptual presentation in theory and techniques on doing activity in the classroom; (4) discussion time.

Issues that were investigated were relevant to each participating teacher...For example, how to present a 30 minute music activity which would increase students' social

skills and allow the students ample opportunities to practice the new response in a safe, supportive environment; how to create and implement a sequence of behavior, social, and communication skills; how to use music therapy activities which would provide the students with a protective, successful and enjoyable avenue to practice and refine students' skills in social, communicative, and behavior; how to actively assist a child in emotional or social crises; how to risk being fully present - speaking from the heart in integrity with students during the music activities; what degree do teachers expect to be satisfied with their own interaction as well as to be satisfied with their children's growth and responses in the lesson; what difficulties have teachers concern of, or what difficulties do teachers anticipate in doing these activities.

Each participant completed a pre/post A-State Anxiety Inventory at every seminar. In addition, each participant was expected to answer a Self-Rating Form, as well as complete a Characteristic Check List at the end of the seminar series.

Each session had time for discussion and sharing which provided further content, a review of acquired skills, and/or added experiences of self discovery/refinement through therapeutic music activities. An example of one discussion topic was the issue of "permission to be free in making mistakes in front of the children." This permission

included the importance of "owning" teacher mistakes to the children, and being a model for laughing at self and own errors in front of the children. Participating teachers also discussed the relevance of the on-going "need to be perfect" or the "freedom of being themselves in expression" and the use of laughter to break crystallization. The teachers had opportunities to experience and practice freedom of expression throughout the music activities.

The experiences gathered in doing previous workshops made the seminar leader confident that as a result of this sequence of experiences, the elementary teachers were able to address the issue of speaking from the heart in freedom, laughter and integrity on an experiential/insightful level - with empathy and a new awareness of their students.

As the teachers became more secure in their understanding of this emotional phenomena, they allowed their students to grow and foster in this area. This phase included sharing experiences of leadership after having done the therapeutic music activities in their classroom as well as having ample opportunities for observing the seminar leader model self-acceptance.

All of these experiences allowed elementary teachers to form their own model of self-acceptance to present in front of their classroom students. The issues focused upon throughout the series informed teachers about therapeutic music activities designed to create positive change in the

children's affect, communication/self-expression skills and social/behavior skills as well as demonstrated the importance of a therapeutic personality in assisting positive change in children.

During the implementation period, teachers designed music activities that took into account their newly-refined understanding of the subject matter content as well as their self-awareness of their own skills, needs, and perceptions. The activities were discussed, practiced, and modified with help from the music therapist. The teachers then presented their activities in the classroom with their students. Once again, teachers' self observations and analysis were discussed with the music therapist throughout the implementation period. This phase of the practicum developed each teacher's confidence in their own leadership abilities as well as increased each teacher's sensitivity to their students' individual needs.

CHAPTER V

RESULTS

According to the data collected, twenty out of twenty teachers (100 percent) were able to increase their feelings of well-being by reducing stress through doing the music therapy activities. The reduction of stress (increase in well-being) was measured by the A State-Trait Anxiety Inventory. This Inventory was given in every seminar. Single event recording was used with each number of the A State-Trait Anxiety Inventory being equivalent to that number of units.

The raw data, which contains the number of stress units reduced for each teacher during every seminar, is presented in Table 1. This table shows the steady gains in each teacher's progression. In starting the program, thirteen out of twenty teachers began with a range of nine to 19 units of stress reduction. In ending the program, ten of the twenty teachers were in the 30 to 39 range of stress reduction units. The remaining ten teachers were in the 40 to 50 range of stress reduction units. This data speaks directly to the increased feelings of well-being as the teachers grew more familiar and comfortable in doing the music therapy activities. These figures also show, without a doubt, the success of the seminar program in reducing stress through the music activities.

TABLE 1

UNITS OF STRESS REDUCTION
FOR TEACHER AND SESSION

TEACHER	Session 1	Session 2	Session 3	Session 4	Session 5
A	9	28	37	38	36
B	20	26	38	49	45
C	27	31	35	42	42
D	17	30	32	36	32
E	15	18	27	34	34
F	11	27	40	43	38
G	26	32	43	56	49
H	14	21	36	43	40
I	19	26	24	38	36
J	11	10	32	35	37
K	24	39	42	46	45
L	13	35	34	37	32
M	14	39	44	43	44
N	10	38	42	38	33
O	13	27	33	39	35
P	12	34	44	53	51
Q	18	16	30	33	30
R	19	28	46	51	50
S	23	36	31	44	41
T	26	33	37	42	43

The individual teacher scores on stress reduction were also quite conclusive and stable. Using the same data, but looking at the numbers differently, Table 2 contains figures that represent the mean scores of stress reduction for each teacher throughout the seminar series. Two of the twenty teachers had a mean of 40 or more units of stress reductions per session; seven teachers had a mean ranging from 35 to 39 units of stress reduction per session; seven teachers had a mean ranging from 29 to 34 units of stress reduction per session; and four of the twenty teachers had a mean of 25 to 28 units of stress reduction per session. Once again, these figures demonstrate the effectiveness of the music therapy activities in increasing good feelings for self and others. In addition, this data also demonstrates the personal growth of teachers participating in the program.

Further evidence of positive results are presented in Table 3. This table contains the mean scores in units of stress reduction for each seminar of the series. The first session reflected the lowest scores with the group mean having only 17.2 units of stress reduction. The second session reflected the largest change in group scores going from 17.2 to 28.7. This session showed a change of eleven units and can be considered the session where teachers started to be affected by the music therapy activities. However, the third session was the major

TABLE 2

MEAN TEACHER SCORES OF
STRESS REDUCTION
FOR THE SEMINAR SERIES

TEACHER	MEAN SCORE OF UNITS REDUCED
A	29.6
B	35.6
C	35.2
D	29.6
E	26.6
F	31.8
G	41.5
H	30.8
I	28.6
J	25.0
K	40.0
L	30.2
M	36.5
N	32.5
O	39.5
P	38.8
Q	25.4
R	38.8
S	35.0
T	36.5

TABLE 3

MEAN SESSION SCORES
OF STRESS REDUCTION
FOR THE SEMINAR SERIES

SESSION	MEAN SCORE OF STRESS UNITS REDUCED
Session 1	17.2
Session 2	28.7
Session 3	37.8
Session 4	42.0
Session 5	40.2

changing point in the program, where the teachers started showing real involvement. After that pivot seminar, scores peaked in the fourth session and remained high for the remaining seminar. This data reaffirms the need to have several seminars of intense exposure to these techniques before a familiarity - a comfortableness - a confidence begins.

These results also speak highly of the program design. It is no surprise that experiencing the therapeutic techniques as a person provides a learning that not only increases the information level but also changes the emotions as well as changes the mental attitude. As Dr. John Roger, founder of the John Roger Foundation and Insight Transformational Seminars, reflected in an interview:

> "If you want someone to learn a new response, you don't give them a book to read; or lecture to them and have them listen to you. You engage them in the process of revelation, and in the action of getting involved, it will transform the attitude underneath, and lead them to new insights and awareness."

The data collected in this practicum certainly supports that teaching.

In all, the scores from the A State Trait Inventory showed an overall mean of 33.2 units of improvement for each person per session for the group as a whole.

According to the data collected from the Self-Rating Forms for the second objective, twenty out of twenty

teachers (100 percent) were able to feel comfortable and confident in presenting an activity designed for practicing pro social behavior as measured by responding favorably to at least 80 percent of the items on the self-rating form.

This form (see Appendix F) has nineteen items which relate to a mental/emotional experience. The items were rated on a scale of 1 to 4, with 1 being the lowest number, indicating a negative mental/emotional experience - for example, tense, and 4 being the highest number, indicating a positive mental/emotional experience - for example, relaxed. The Self-Rating Form was completed at the end of the seminar series. The purpose of this form was for teachers to become aware of their mental/emotional experiences while doing the therapeutic music activities.

The raw data, containing the self-rating scores of the teachers, is presented in Table 4. These figures reflect the overwhelming positive experiences which were perceived by the teachers. The mean score from all of the Self Rating Forms was 3.57 on a 4 point scale (with 4 indicating a strongly positive experience). These results indicate a high success rate of teachers feeling comfortable and confident while presenting an activity. The results also indicate an extremely high, positive experience-level of the teachers.

Table 5 contains the mean scores given to each of the nineteen items by the teachers. This analysis is

TABLE 4

SCORES FROM SELF RATING FORM ON TEACHER EXPERIENCE

	TEACHERS:	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
	Enjoyable	3	4	4	4	3	4	4	4	3	3	4	3	4	3	3	4	3	4	4	4
	At Ease	3	3	4	3	3	4	4	4	3	3	4	3	4	3	4	4	3	4	4	4
	Organized	4	4	4	4	3	4	4	3	3	4	4	4	4	4	4	3	4	4	4	4
E	Rested	3	3	4	4	2	3	4	3	3	3	3	2	3	3	3	3	3	4	4	3
	Easy	3	4	3	3	2	3	4	3	3	3	4	3	3	2	4	3	3	4	3	3
X	Meaningful	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
P	Alert	4	4	4	4	3	4	4	4	3	3	4	4	4	4	4	4	3	4	4	4
	Relaxed	4	4	4	3	3	3	4	4	3	3	3	4	3	3	3	3	3	4	3	4
E	Pleasant	3	4	4	4	3	4	4	4	3	3	4	3	3	3	3	4	3	4	4	3
	Calm	3	3	4	4	2	3	4	4	3	3	3	3	3	4	4	3	4	4	4	4
R	Successful	4	4	4	4	3	4	4	3	3	4	4	4	4	3	3	4	3	4	3	3
I	Secure	3	4	4	4	3	3	4	3	3	3	4	3	4	3	3	4	4	4	4	4
	Interesting	4	4	4	4	3	4	4	4	3	4	4	4	4	4	4	4	3	4	4	3
E	Comfortable	3	3	4	4	3	3	4	4	3	3	4	3	3	3	3	4	3	4	4	4
	Useful	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
N	Confident	3	3	4	4	3	4	4	4	3	3	4	3	4	4	3	4	3	4	3	4
	Good	4	4	4	4	3	4	4	4	3	4	4	4	4	4	3	4	4	4	4	3
C	Centered	3	3	4	3	3	3	4	3	3	3	4	4	4	3	3	4	3	4	4	4
	Valuable	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
E																					

TABLE 5

MEAN SCORES ON EXPERIENCE

EXPERIENCE	MEAN SCORE OF GROUP
Enjoyable	3.9
At Ease	3.5
Organized	3.7
Rested	3.1
Easy	3.2
Meaningful	4.0
Alert	3.8
Relaxed	3.3
Pleasant	3.5
Calm	3.4
Successful	3.7
Secure	3.6
Interesting	3.8
Comfortable	3.5
Useful	4.0
Confident	3.5
Good	3.8
Centered	3.4
Valuable	4.0

important in finding which of the specific items were more positively experienced than others. Three items received a perfect score of 4. The statements of meaningful, useful, and valuable seemed to be an important descriptor for teachers in evaluating the practicality of the music therapy activities themselves. Six of the nineteen items received mean scores ranging from 3.7 to 3.9 which indicates quite a high level of positivity. These items contained the statements of being enjoyable, organized, alert, successful, interesting and good. It is interesting that these items reflect more the experiences of the mind/values/attitude rather than the heart/emotions. Seven of the nineteen items received mean scores ranging from 3.4 to 3.6. These items contained the statements of being at ease, pleasant, calm, secure, comfortable, confident, and centered. These items received responses which were higher than expected. Only the three items of rested, easy, and relaxed, received a lower mean score than anticipated. They ranged from 3.1 to 3.3. However, even the lowest score was above the criteria acceptable for success. The results from this analysis show that teachers experienced a wide variety of positive mental/emotional experiences that can be evidence of an over-all feeling of well-being when presenting a specialized music activity.

Similar results were found when analyzing the collected data differently. The individual mean score of each

teacher is presented in Table 6. In looking at this analysis, two of the twenty teachers rated their experience a perfect 4.0 on a scale of 1 to 4, with 4 being the highest positive score. Eleven teachers had a mean score ranging from 3.5 to 3.8. Seven of the twenty teachers had a mean ranging from 3.0 to 3.4. This analysis clearly indicates the majority of teachers were well pleased with their experience while presenting a therapeutic music activity. This finding corresponds with the earlier evaluations in which similar outcomes, reflecting well-being, were found. Part of this success was due to the organization of the program. There was enough exposure to the therapeutic techniques and musical activities before the teachers were placed into a position of leadership. This strategy gave the teachers time to learn, practice, and assimilate the procedures naturally.

According to the data collected for objective three, twenty out of twenty teachers (100 percent) were able to respond in the affirmative, to at least 80 percent of the items contained in a check list of characteristics and therapeutic components. The characteristics and components included on the check list form to create a successful music activity designed for promoting social skills. The Characteristic Check List is presented in Appendix G.

An analysis of the teacher responses to the Characteristics Check List is presented in Table 7. These

TABLE 6

MEAN SCORES ON TEACHERS' OVERALL EXPERIENCE

TEACHER	MEAN SCORE
A	3.4
B	3.6
C	3.8
D	3.5
E	3.0
F	3.6
G	4.0
H	3.7
I	3.1
J	3.4
K	3.8
L	3.4
M	3.8
N	3.6
O	3.4
P	3.7
Q	3.3
R	4.0
S	3.7
T	3.7

TABLE 7

ANALYSIS OF TEACHER RESPONSES

TO

CHARACTERISTIC CHECK LIST

TEACHER	Number of Items Considered	
	YES	NO
A	51	5
B	51	5
C	56	0
D	48	8
E	46	10
F	50	6
G	56	0
H	51	5
I	47	9
J	49	7
K	55	1
L	48	8
M	53	3
N	50	6
O	48	8
P	51	5
Q	47	9
R	56	0
S	54	2
T	52	4

responses show that two teachers considered every item on the check list when doing an activity and seven teachers responded they consistently covered between 46 to 49 of the items. More impressive, the majority of the teachers (eleven) were aware of 50 to 55 items consistently. These figures represent the success of teachers in assimilating the various components that produce an effective therapeutic music activity.

Table 8 presents the number of positive and negative responses given on each individual item. This analysis shows that sixteen of the fifty-six items (30 percent) were consistently used during the planning and implementation of the music activities by all (100 percent) of the participating teachers. This gives those items a perfect score.

The lowest two items had only 14 favorable responses (70 percent) from the teachers. Those items were "freedom within rules" and "flexibility." It seems that these two characteristics need to be highlighted when refining the seminar series. Perhaps additional therapeutic music experience designed specifically to remediate those behaviors need to be included. Since the ability to be flexible is an important component of any therapeutic or teaching situation, there must be more focus on this issue.

The majority of the characteristics, twenty-three items, received consistent awareness from 91 percent of the teachers. The remaining seventeen items were consistently

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TABLE 8

ITEM RESPONSE DATA

Characteristic - Check List

CHARACTERISTIC ITEMS	No. of Teachers: YES	No. of Teachers: NO
1. MUSIC		
A	19	1
B	17	3
C	19	1
D	18	2
2. ACTIVITY AND BEHAVIOR		
A	16	4
B	18	2
C	16	4
D	18	2
3. ACTIVITY		
A	17	3
B	17	3
C	16	4
4. SESSION AND GOAL		
A	19	1
B	19	1
C	19	1
D	20	0
E	18	2
F	17	3
5. SESSION		
A	20	0
B	19	1
C	20	0
D	18	2
E	18	2
F	19	1
G	16	4
H	16	4

CHARACTERISTIC ITEMS	No. of Teachers: YES	No. of Teachers: NO
6. ENVIRONMENT		
A	19	1
B	17	3
C	16	4
7. THERAPEUTIC METHODS		
A	16	4
B	20	0
C	18	2
D	18	2
8. DIRECTIONS		
A	15	5
B	17	3
C	18	2
9. RESOURCES		
A	20	0
B	20	0
C	20	0
10. TYPES OF ACTIVITIES		
A	20	0
B	20	0
C	20	0
11. GROUP DYNAMICS		
A	19	1
B	14	6
C	17	3
D	18	2
12. THERAPEUTIC PERSONALITY		
A	20	0
B	20	0
C	14	6
D	18	2
E	19	1
F	20	0
G	20	0
H	20	0
I	19	1
J	18	2
K	20	0

used by 80 percent of the teachers. This information is an important part of the results, since it provides direction for redesigning the practicum for more effective use in the future.

In all, the fifty-six characteristics received a mean of 90 percent teacher focus when planning and implementing a therapeutic music activity.

Conclusions

The intent of the practicum was to contribute to the professional development of elementary teachers. The thrust of the seminar series was to provide teachers with pleasant yet powerful techniques so they may better serve their classroom, their students, and themselves with greater freedom, joy, and gentleness. The benefits from this practicum were not only in reaching these teachers, but also in serving a large population of elementary children who were not receiving supportive programs that assist them in practicing social skills. In addition, the practicum also assisted the school system in eliminating many potential emotionally handicapped children by giving those students the early support they so desperately need.

The results indicate that the practicum was a success in fulfilling its projected goals. It is clear that all of the terminal objectives were met. In fact, the level of teacher response and experience in every case not only met

the standard of performance, but in each objective went beyond the criterion suggested.

By the end of the practicum, the teachers were able to successfully present music activities designed to promote social skills; the teachers felt comfortable and confident when leading these activities; and the teachers were able to increase their own feelings of well-being through experiencing music therapy activities.

More significantly, this practicum influenced the teachers in their professional and personal lives. One example of personal influence was a teacher who used these activities with her own young children. An example of professional growth was a teacher who shared the information and activities with the teacher next door to her classroom so the teacher could also use these creative techniques with her students. Perhaps the most striking evidence supporting the success of the practicum was the deep sharing of the teachers. Individual written critiques submitted by the teachers are presented in Appendix J. These critiques far surpass the collected data in showing the heart-felt satisfaction that was experienced in learning, growing, and sharing by all participants.

Recommendations

The overwhelming positive professional and personal responses to the program show conclusively the effectiveness

of the seminar series. It should be noted that some changes would benefit the program. As mentioned earlier, more focus on flexibility as a behavior needs to be included. Another helpful adjustment is decreasing the time between Seminar Four and Seminar Five. There is no real need for a 10-month implementation program.

Recommendations for sustaining the successful results of the practicum include five strategies:

1. There needs to be a follow-up seminar with the participating teachers during the FY86 school year.
2. The teachers need to be encouraged to support each other in growing professionally and in continuing these techniques through networking.
3. The teachers need to share their experiences with others because it is through sharing that the insights stay fresh and creativity is encouraged.
4. The base of the practicum needs to be expanded to include any elementary teacher, county-wide, who wishes to learn these techniques and activity.
5. The seminar series need to be offered once a year.

Dissemination

Information from the practicum will be disseminated in a wide variety of methods. A presentation of this material as well as a two hour workshop will be offered at the National Association of Music Therapy Conference in November, 1986. The abstract will be sent to Florida Music Therapy Association and the Southeastern Conference of Music Therapy for publication in their newsletter. A summary will also be submitted to Focus - The newsletter of the County's Florida Diagnostic and Learning Resources System. A review of the practicum will be presented in August, 1986 at the County School Conference of Special Educators. In addition, a copy of the practicum itself will be sent to the Director of the Music Therapy Department at the Florida State University. These methods of dissemination present the possibility of generating other invitations where the practicum information may be shared.

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APPENDIX A

OVERVIEW OF MUSIC THERAPY

Music Therapy is the scientific and functional application of music, by a therapist to influence changes in behavior and to promote educational and training goals. The purpose of music therapy is to elicit a response, structure the environment, and/or to reinforce a response in order to attain a behavior skill. In music therapy, the emphasis is on therapy and the individual's non-musical behavior. The non-musical behavior can be physical (for example - holding an object), emotional (i.e. sharing feelings), mental (i.e. recognizing colors), or social (i.e. taking turns). Music is used as a stimulus to create/influence mental, physical, emotional and social responses. This is done through using music as an auditory cue, as a structure, or as environmental stimulation. The musical activity is an avenue for attaining predefined goals in a structured, supportive, and controlled environment.

Music therapy has been used successfully with all age groups from babies through senior citizens and with most problem areas including mental retardation, emotionally disturbed children, alcohol/drug addiction, psychiatric adults, learning disabilities, autistic children, juvenile delinquency, and the physically handicapped.

APPENDIX A

OVERVIEW OF MUSIC THERAPY - (Continued)

Music is effective in therapy primarily by the very nature of music itself. Music demands a definite structure which can be used to elicit specific behavior, plus, music can be measured in time which allows for planning, completeness and closure. The behavior elicited can be observed and practiced while at the same time, the music can be enjoyable, positively reinforcing, motivating, and relaxing.

Perhaps the most dynamic quality of music is the distraction of this enjoyment/involvement which eliminates the polarity of therapist to child as well as child to objective (behavior). This allows the child to become "response-able," or "responsible" in the music activity, as well as to himself. The music therapy session provides a safe, supportive, dynamic avenue for both child and therapist to express, share, experience and elevate themselves on an individual and group basis simultaneously.

APPENDIX B

MUSIC THERAPY PROGRAM GOALS

1. The music therapy program will provide different types of musical activities designed to practice social, communicative and behavior skills.

2. The music therapy program will provide activities that are appropriate and therapeutic for the children's age, needs, environment, and situation.

3. The music therapy program will provide a protective, safe, enjoyable, and soothing environment where children may practice and/or learn appropriate behavior.

4. The music therapy program will provide the E.H. Teachers with information regarding the session, will be aligned with the individual classroom philosophy, and will be part of the therapeutic team.

5. The music therapy program will provide EH Teachers with educational, therapeutic, and professional support.

APPENDIX C

FOUNDATION AND STRUCTURE OF MUSIC THERAPY PROGRAM

Music therapy is unique in that each therapeutic situation may require different techniques, scheduling, and specific emphasis of concern. Music therapy's approach will change from program to program as well as from therapist to therapist. The variables that are considered in designing a music therapy program are the age of the client, the specific handicaps of the client, the therapeutic philosophy of the institution, the needs of the professional situation, the personal needs of the client, if a group - the group dynamics, and the strengths of the individual music therapist. An example of this, is the differences in music therapy programs used in various school systems such as Topeka, Kansas; Athens, Georgia; and Palm Beach, Florida. In each of these school systems, music therapy is designed for the environment, philosophy, and need of each system. So, at present, there is no specific model being used in music therapy. The development of a therapeutic procedure is the responsibility of each music therapist or each music therapy program.

In this county, Special Education programs for the elementary handicapped students utilizes the Rutland Center Developmental Therapy Curriculum which includes a music

Appendix C (Continued)

therapy component.

Music therapy was successfully introduced to the County Schools in a pilot project during the 1979-80, and 1980-81 school years. During that project, a total of 4 schools, 8 teachers, and 39 students participated. The music therapy program was recognized as part of the Special Education Department in FSY 1981-82. Since then, music therapy has grown to include 10 schools, and between 176-186 children.

This year, as well as in the pilot project, music therapy followed the Developmental approach. In this approach, music activities are planned to meet almost all the milestones included in Developmental Therapy Objectives.

Developmental Therapy was developed by Dr. Mary Wood, founder of the Rutland Center in Athens, Georgia. Dr. Wood based her program on the 5 stages of development that all children work through. Each stage has Behavior, Communication, Socialization and Academic skills which are emphasized. Stages 2, 3, and 4 contain the milestones most needed by the EH students in the school program. The targeted skills for each stage are unique to that specific time of development and these milestones must be resolved, learned, and/or acquired before movement to the next stage is possible.

STAGE TWO SKILLS

Behavior: To successfully participate in routines and activities.

Appendix C

STAGE TWO SKILLS (Continued)

Communication:	To use words to affect others in constructive ways.
Socialization:	To participate in activities with others.
Academics:	Reach grade level.

STAGE THREE SKILLS

Behavior:	To apply individual skills in group processes.
Communication:	To use words to express oneself in the group.
Socialization:	To find satisfaction in group activities.
Academics:	Reach grade level.

STAGE FOUR SKILLS

Behavior:	To contribute individual effort to group success.
Communication:	To use words to express awareness of relationships between feelings and behavior in self and others.
Socialization:	To participate spontaneously and successfully as a group member.
Academics:	Reach grade level.

The goals for each stage are specific to each stage and guide the curriculum.

Appendix C (Continued)

STAGE ONE GOALS

Behavior:	To trust own body and skills.
Communication:	To use words to gain needs.
Socialization:	To trust an adult sufficiently to respond to him.
Academic Skills:	To respond to the encironment with processes of classification, discrimination, basic receptive language concepts, and body coordination.

STAGE TWO SKILLS

Behavior:	To successfully participate in routines.
Communication:	To use words to affect others in constructive ways.
Socialization:	To participate in activities with others.
Academic Skills:	To participate in classroom routines with language concepts of similarities and differences, labels, use, color, numerical processes of ordering and classifying; and body coordination.

STAGE THREE SKILLS

Behavior:	To apply individual skills in group processes.
Communication:	To use words to express oneself in the group.
Socialization:	To find satisfaction in group activities.

Appendix C (Continued)

STAGE THREE SKILLS

Academic Skills: (Continued)	To participate in the group with basic expressive language concepts; symbolic representation of experiences and concepts; functional semi-concrete concepts of conservation; and body coordination.

STAGE FOUR SKILLS

Behavior:	To contribute individual effort to group success.
Communication:	To use words to express awareness of relationship between feelings and behavior in self and others.
Socialization:	To participate spontaneously and successfully as a group member.
Academic Skills:	To successfully use signs and symbols in formalized school work and in group experiences.

STAGE FIVE SKILLS

Behavior:	To respond to critical life experiences with adaptive constructive behavior.
Communication:	To use words to establish and enrich relationships.
Socialization:	To initiate and maintain effective peer group relationships independently.
Academic Skills:	To successfully use signs and symbols for formalized school experiences and personal enrichment.

Appendix C (Continued)

Additionally each stage has different teacher intervention and therapeutic strategies, different verbal techniques, as well as different prescribed environmental and experiential situations. These guidelines are for the teachers and include a natural focus in each stage.

STAGE ONE: RESPONDING TO THE ENVIRONMENT WITH PLEASURE

General Description:	Responding and trusting.
Therapist's Role:	Arouser and satisfier of basic needs.
Techniques:	Body contact and touch; physical intervention; classroom structure and consistent routine; control and materials by teacher; controlled vocabulary.
Environment and Experiences:	Routine constant, luring rather than demanding; stimulating, arousing sensory activities.

STAGE TWO: RESPONDING TO THE ENVIRONMENT WITH SUCCESS

General Description:	Learning individual skills.
Therapist's Role:	Motivator; redirector of old coping behavior to successful outcomes, relfector of success; predictable point of reference.

Appendix C (Continued)

STAGE TWO: RESPONDING TO THE ENVIRONMENT WITH SUCCESS (Cont'd)

Techniques:	Classroom structure; consistent routine; verbal interaction between lead and support teachers; physical and verbal redirection; holding limits; reflection of action, feelings and success.
Intervention:	Frequent, both physical and verbal, supportive.
Environment and Experiences:	Structured, successful exploration, activities leading to self-confidence and organization; communication activities; beginning cooperation activities; simple group experiences.

STAGE THREE: LEARNING SKILLS FOR SUCCESSFUL GROUP PARTICIPATION

General Description:	Applying individual skills to group procedures.
Therapist's Role:	Model for group participation; stimulator and encourager of appropriate group interaction; upholder of limits and group expectations; reflector and interpreter of behavior, feelings and progress.
Techniques:	Redirection, reflection; verbal interaction between lead and support teachers; individual life space interviews; predictable structure and expectations.

Appendix C (Continued)

STAGE THREE:(Continued)

Environment and Experiences:	Group activities which stimulate cooperation, sharing and beginning friendships; focus on group procedures and expectations; approximate real life situations and conditions as much as group can tolerate.

STAGE FOUR: INVESTING IN GROUP PROCESSES

General Description:	Valuing one's group.
Therapist's Role:	Group leader, counselor, reflector of reality.
Techniques:	Interpretation of feelings and behavior; individual and group Life Space Interview, reality reflection.
Intervention:	Intermittent; approximates real life.
Environment and Experiences:	Reality-oriented environment; activities, procedures, and expectations determined by the group; emphasis on group academic learning experiences, role play, field trips, elements of normal competition.

STAGE FIVE: APPLYING INDIVIDUAL/GROUP SKILLS IN NEW SITUATIONS

General Description:	Generalizing and Valuing.
Therapist's Role:	Counselor, teacher, friend.

Appendix C (Continued)

STAGE FIVE (Continued)

Techniques:	Normal expectation; relationships between feelings, behaviors, and consequences non-clinical.
Intervention:	Infrequent.
Environment and Experiences:	Normal childhood settings; conversations about real life experiences, support in solving problem situations; independent skill building.

Every EH Teacher is given DTORFS (Developmental Therapy Objective Rating Form - see Exhibit A) which must be completed for each child at specific intervals. This process rates the child in terms of his behavioral needs and monitors the child's process during the school year. It is the basis for the official IEP and is used by the teacher to set up the treatment/academic daily plan for each child as well as to create a classroom environment. Music therapy takes the behaviors that the DTORF lists for each student and designs activities to practice those behaviors.

Developmental Therapy is highly organized, giving the EH Teacher suggested scheduling regarding time, services, and subjects which is followed daily. Developmental Therapy provides the EH Teacher with a specific program which each child works on to accomplish the DTORF objectives in a warm, nurturing environment and has built-in evaluation systems.

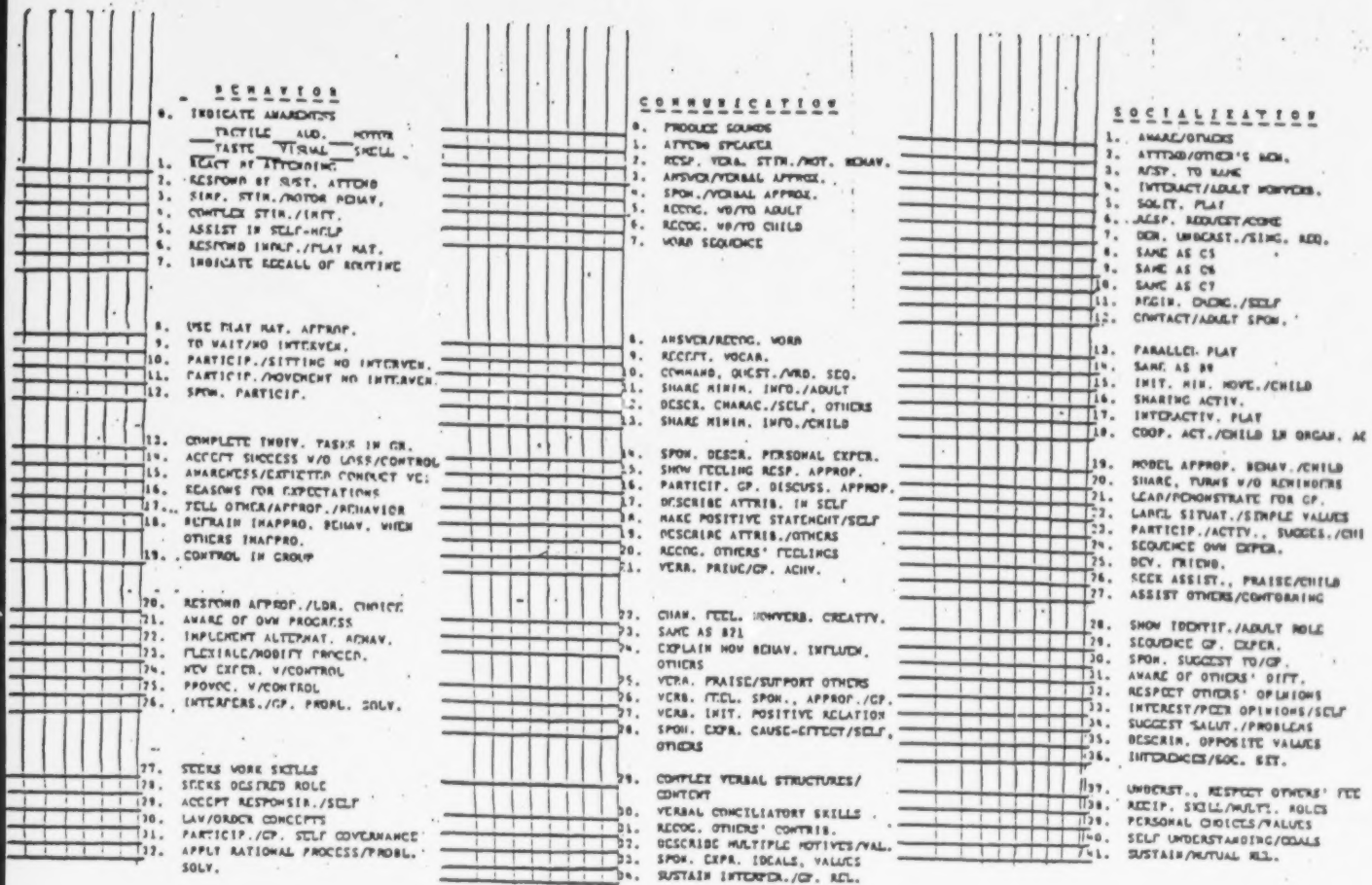

EXHIBIT A

DTORF GROUP SUMMARY

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Appendix C (Continued)

This evaluation system also has a flow chart or graph so a visual guide can be followed with each student in the classroom - monitoring the student from baseline to mid-school year and to the end of the school year.

As a therapist serving the Elementary EH Programs, the Developmental Therapy Program provides consistency in therapeutic services. Even with a new child, one glance at the child's DTORF will provide enough information and boundaries to assist the child and to reinforce the teacher's classroom treatment plan. All student objectives are taken from the DTORF and are the specific behaviors that music therapy is designed to remediate.

Developmental Therapy also provides a monitoring system for recording a child's transition from stage to stage. This enables the teacher to proceed with a new program for the child with confidence.

Through this system, the EH Teacher can evaluate what is happening to every child in her classroom as well as her teaching/therapeutic program. This system also keeps the teacher <u>focused</u> on the students, allows for program clarity, has build in cost-effective boundaries and is result-oriented.

The curriculum of music therapy in the elementary schools reflects the goals of the individual classrooms, as well as the behavioral needs of each student. Since the classroom teacher and music therapist is using the same

Appendix C (Continued)

therapeutic approach, there is a natural focus. Therefore, the EH program and music therapy program are totally aligned.

Therapy sessions are composed of small groups averaging between 4 and 7 children. In addition, there are several children receiving individualized therapy to meet the special needs of that particular student or the classroom. Sessions range from 30 to 45 minutes and are determined by the developmental stages, environment, and class habit-patterns of each group. The students' needs, responses, and progress are discussed with the EH Teacher before and after each music therapy session.

To accomplish the behaviors in the DTORF, the musical activities use a wide range of stimulus/involvement including dancing, movement, singing, playing rhythm instruments, musical games, composing and listening.

APPENDIX D

NEGATIVE VERBALIZATIONS FROM TEACHERS

	Negative Statement	Comments, Suggestions
(Teacher)	We are losing the kids. They have no foundation. I've written more blue slips this year than ever before. They are so rude. The children are so fresh. Worst class I've ever had.	Parents should have to take a parenting course. School should get harder on discipline problems.
(Teacher)	It's getting more difficult each year. Some children have so many problems. I've had to change my demands and expectations.	Smaller classes. More leverage in scheduling. Less testing.
(Teacher)	The children are all screwed up. Lack of attention span. They need constant change. Tendency to be distracted. Basically still lovable - but in a different way. Lack of motivation.	Less television.
(Teacher)	Something wrong in society. It's true, the children are terrible to control. Children challenge every subject. They are always looking for a way out. I have more problems this year. The children need so much help. They're (children) not getting it at home.	More services for children. Need to be taught respect and work habits at home. Parents need help.

Appendix D - Negative Verbalizations - Continued

	Negative Statement	Comments, Suggestions
(Teacher)	The children are getting worst each year. Parents do everything for them. Children are not self-reliant. Too dependent on other people. Too dependent on friends or relatives who are stronger. They are too indecisive because they have been overly cared for with too many choices.	Too much TV. Too much video. Too many advertisements.
(Teacher)	Children are more shallow. Kids have too much interest in name brands and clothes. They are more apt to tell you NO. Kids will not accept authority. Children aren't as sharp because they are limited in their outlooks. They do not have enough life skills to live fulfilled lives.	Need to learn social skills
(Teacher)	Overall, children have a basic lack of respect for authority and rules.	Follow through on administration level. Define what is acceptable in the classroom and stick with it.
(Teacher)	Society as a whole is unstable. My children are quite disturbing. Almost all want to change something about themselves.	More say in children's placement.

Appendix D - Negative Verbalizations - Continued

	Negative Statement	Comments, Suggestions
(Teacher)	There is no contentment with who they are or what they have. I call them the run-away generation. Pretty unhappy.	
(Teacher)	Teaching is not fun anymore. Expect too much from us. No wonder the children are all keyed up.	Need time to do neat things with students - not only teaching from packets.
(Teacher)	Children don't listen because they know they don't have to. A whole new type of child. Those children run the school. They are bright but won't listen. They (the children) think they should have it all.	More support from administration on discipline. Give teachers more control over their class.
(Teacher)	There is no help from the home. There is only so much I can do. It's sad, some of my children need so much - it's pathetic.	All children required to take a mental health course starting in Kindergarten. Should have special services available to these children.
(Teacher)	We have to put up with so much. So much pressure put on us and the children. Children are learning for tests - they feel it.	Less testing and pressure. More time in the day to release this stress through other "fun-type" activities.
(Teacher)	The child does not have any support or love. I cannot do it all. Most of these children are in a non-nurturing environment.	School system should be more involved in the home. Every school should have a social worker.

Appendix D - Negative Verbalizations - Continued

	Negative Statement	Comments, Suggestions
(Teacher)	Too much stress and pressure on the parents.	More support services for children.
(Teacher)	I've had it - just teaching out of curriculum guides.	Less testing.
	It's a different world - nobody cares - just get & achieve.	A restructure of values in the community; family and schools.
	People only want to get ahead at whatever the cost.	More emphasis on understanding and appreciating.
	They don't care if they learn - just that they pass the tests.	
(Teacher)	They really think they know it all.	
	A basic arrogance.	
	Lovable, but so cocky.	
	Products of a permissive society.	
(Teacher)	I'm glad I'm retiring.	Change in direction.
	I don't care what the President says - there is no education or educational philosophy or educational policy in America - unless it's the attitude of achieve and succeed, without knowing and appreciating.	Back to the self with excellence and integrity - a rounding caring education.
	How do you expect these children to act.	
	Parents are too busy - schools are hypocritical, and television shows life as shallow.	
	We taught it - they are exactly what society created.	

Appensix D - Negative Verbalizations - Continued

	Negative Statement	Comments, Suggestions
(Teacher)	You can see the difference in students from year to year.	Need to learn social skills.
	They are not as nice, most of them rule their home.	More emphasis in learning responsibility.
	They get everything they want.	Less television and advertisement.
	The children of today just worry about themselves.	
	One word to describe them is RUDE.	
(Teacher)	They want to be entertained constantly.	Restructure of taxes so education - quality education gets more.
	Lack of seriousness of what education is.	
	Lack of motivation and self-discipline to succeed.	Unify the teachers nationally.
(Teacher)	The children reflect a declining society.	More support services, parent involvement.
	Children are the ones who are suffering.	
	They are so screwed up.	
	The parents are too involved to spend time with their kids.	
	Lack of family support.	
	These kids are from the hippy and drug generation.	
(Teacher)	Children aren't applying themselves.	Redirection of social values.
	Education is not seen as being important - only being "in."	
	Society views success as money - not caring about anything else - so kids want instant success.	
	Breakdown of belief system.	
	Kids want what they see - and they want it all - right now - without working.	

Appendix D - Negative Verbalizations - Continued

	Negative Statement	Comments, Suggestions
(Teacher)	There are some kids who really need help and there are some that are just plain spoiled. They both need special attention and cause a distraction in the class.	More workshops for teachers on how to handle these children. Not only behavior management programs, but real help.
(Teacher)	I correct a kid, his family calls the principal and wants an apology. They threaten to sue me. I ask you - what do you expect from the kid. It's a bad situation. Teaching is a dying profession.	More support for teachers. More money for teachers. Change the school system.
(Teacher)	The children today lack motivation. They lack the structure that is necessary to have a successful experience in school or happy experience in life. They have no connection between working and reward. Society has lost the work ethic. It seems the better the parents have it, the worst the children are.	
(Teacher)	When told to finish or to do something, they don't follow through. Children don't care about the finer qualities of life. They are clever, sharp and smart, but are lacking in self-discipline.	School should teach parenting skills. Ban all television commercials. They teach insensitivity. Change attitude of the country toward education.

Appendix D - Negative Verbalizations - Continued

	Negative Statement	Comments, Suggestions
(Teacher)	No respect from parents for the profession of education. Absolutely no respect of anything from children - no reverence for even the world around them, or appreciation of what they have.	
(Teacher)	The children of today lack the emotional support that is necessary to carry them through. Many of them are just crying out for help. Not getting the support they need at home.	Need support services in school. Need parent support services out of school.
(Teacher)	Parents are too busy to care - some children look scuffy or cold when they come in. No sweaters when it's chilly, or raincoats. Larger incidence of emotional instability. Schools don't expect enough - since kids aren't expected to do anything at home, they won't do anything in school.	Get therapy for the needy ones. Get parents involved.
(Teacher)	They have everything and are still unhappy. The children want more - and only name brands. Children are pampered - expect everything - NOW. Children are more explosive and intense, they need instant gratification. They cannot complete a task without being distracted.	They need individual care and attention at home - not objects and things.

Appendix D - Negative Verbalizations - Continued

	Negative Statement	Comments, Suggestions
(Teacher)	Lack of attention span. Kids of today have a lot of problems. Everyone (teachers) are coming up with the same frustration. Kids are disrespectful and don't care. Still lovable, but hard to handle.	Slow down - teach for enjoyment of knowledge and understanding, not just for ending the book, but appreciating the story.
(Teacher)	Little respect. Lack of motivation. Cynical.	

APPENDIX E

Effectiveness of Music Therapy Program

The music therapy program was evaluated with different methods during its incorporation into the school system. During FSY 1982-83, evaluation was done through video tape and observation, as well as submitted critiques from each teacher involved with the program. During FSY 1980-81, the evaluation consisted of observation by the Assistant Director of Special Education and the 5 area coordinators, newspaper coverage (which is included in this section as Exhibit D) and submitted critiques from all the EH Teachers.

All critiques and evaluations during those years were highly favorable of music therapy.

The music therapy program for 1981-82 was evaluated through the use of a questionnaire. This questionnaire is presented in Exhibit A. The questionnaire had 22 items which were concerned with the structure, implementation, and effectiveness of the music therapy services. The items were rated on a scale of 1 to 3, 1 being the lowest number meaning NO, NOT AT ALL, 2 meaning AT TIMES, MODERATELY, and 3 being the highest number meaning YES, VERY MUCH SO. The questionnaire was completed by the 24 EH Teachers and 16 aides. Each of the teachers and aides actually participated in the music therapy sessions. The scores of the 16 aides

Appendix E - Effectiveness . . .(Continued)

were combined, averaged and presented as one voice. Each teacher has an equal voice (therefore, Galaxy has five columns because they have five teachers; whereas, Lincoln has one column because they have one teacher).

The results are presented in Chart Form in Figure 1. Through the information on this graph, several evaluations are gathered: (a) ndividual teacher evaluation for each question (indicated in the horizontal columns beside question number); (b) individual teacher attitude toward music therapy program (indicated in the last horizontal column and labeled Average Score of Questionnaire for each teacher); (c) a specific strength or weakness in a question area (indicated in last vertical column and labeled Average Score of All Participants on Questions); (d) the overall evaluation and attitude of all the participants (indicated in bottom box labeled Average Score of Questionnaire from All Participants).

A descriptive analysis is presented in Exhibit B. This contains brief statements, suggestions, and recommendations which were pulled from all the written evaluations included at the end of the questionnaire. The statements are divided into the geographic areas in which the school is located. The professional position of the person who took the additional time to share their observations is also indicated.

FIGURE 1

Individual Answers to Questionnaire

1981-82
Evaluation of Music Therapy in the Emotionally Handicapped Program

Scale used for Rating		
NO	AT TIMES	YES
1	2	3
Not At All	Moderately	Very Much So

Question Number	Galaxy	Galaxy	Galaxy	Galaxy	Galaxy	Twin Lakes High	Highland	Grove Park	Grove Park	J.C. Mitchell	J.C. Mitchell	J.C. Mitchell	J.C. Mitchell	Delray	Rosenwald	Lake Shore	Pahokee	Pahokee	Sabal Palm	Sabal Palm	Sabal Palm	Sabal Palm	Lincoln	Greenacres	Aides	Average Score of all Participants on Specific Questions
1	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.9	2.96
2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.9	2.99
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	2	3	3	3	2.8	2.91
4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	3	3	3	2.9	2.93
5	3	3	3	2	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	2.9	2.92
6	3	3	3	3	3	3	3	3	3	3	2	2	3	N/A	2	3	2	3	N/A	3	3	N/A	2	3	2.6	2.76
7	3	3	2	3	3	3	3	2	3	3	2	1	2	3	2	2	2	2	N/A	2	2	N/A	2	3	2.2	2.35
8	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3.0	3.00
9	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3.0	3.00
10	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	N/A	3	3	3.0	2.96
11	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	2.9	2.99
12	3	3	3	3	3	N/A	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.8	2.99
13	3	2	3	3	3	3	3	2	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	2.9	2.91
14	3	2	3	2	3	3	3	2	3	3	3	2	3	3	3	3	3	2	3	3	3	3	2	3	2.6	2.74
15	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2.9	2.96
16	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2.9	2.92
17	3	2	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	2.8	2.91
18	3	3	3	3	3	N/A	3	3	3	N/A	3	3	3	3	3	N/A	3	3	3	2	3	N/A	N/A	2	2.9	2.90
19	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	N/A	3	3	2.9	2.95
20	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.9	2.96
21	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	2	3	3	3	3	3	2	3	2.8	2.89
22	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3.0	3.00
Average Score of Questionnaire for each teacher	3.0	2.8	2.9	2.9	2.9	3.0	2.9	2.8	3.0	2.9	2.8	2.7	2.9	2.9	2.9	2.8	2.8	2.9	2.8	2.8	2.8	2.8	2.7	2.9	2.8	

Average Score on Questionnaire from all participants
2.9

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Appendix E - (Continued)

Results and Discussion

In looking at the results, the music therapy program was effective across the board with the average score from all the questionnaires being 2.9 on a 3 point scale (with 3 being the highest score). Three questions - eight, nine and twenty-two - received 3's from everyone. These questions were important in showing not only the extensive preparation of the music therapy sessions but also the rewards of recognition/appreciation from the teachers. Out of the remaining nineteen questions, fifteen received 2.9 or over. The lowest evaluation, 2.35, was on question seven, dealing with the issue of carryover into the classroom. This is a strong indicator of the need for additional scheduling and time allocation per each school. However, it also reflects the need for teachers to incorporate and/or elaborate on the activities used in music therapy in their own weekly classroom routines.

An interesting observation was found in question fourteen which dealt with group closeness, even though the average was 2.74, the on-going music therapy sessions rated lower (2.6) than the once a month (2.9) sessions. This calls attention to two possible factors working--the speciality of music therapy (the once a month children seeing it as a reward) and/or the use of music therapy as a forum

Appendix E - Results and Discussion (Continued)

for self-expression (the on-going children revealing more of themselves in a non-threatening environment). Five out of twenty-five teachers rated music therapy 3 (reflected by answering all questions 3), the lowest average on a teacher score was 2.7 and the largest block of teacher scores (eleven out of twenty-five) being 2.9.

The written observations correspond with the numbered evaluations. This was shown by the overwhelming positive feedback. The greatest area of concern is allocating additional time and scheduling for each school. Several teachers also took the opportunity to pencil and/or draw information in the questions themselves. For example, on questions six and seven, three different participants wrote "not enough sessions," "would do better with more sessions" and "difficult to answer with therapy once a month." Questions nine, fourteen, seventeen, twenty, twenty-one and twenty-two received stars or an additional yes.

There were only 13 NA's (not applicable), 11 were given from those schools not receiving on-going music therapy. Again, because of a lack of sessions, there was a lack of information. The remaining 2 NA's came from a high school which had a different format for music therapy and those questions were truly not applicable.

Appendix E - Results and Discussion (Continued)

There have been additional services provided by music therapy which were successful but not evaluated. These services included workshops on the use of rhythm instruments, workshops on intervention strategies, workshops on music therapy activities and workshops for teachers on the use of music for relaxation in their own lives. In some instances, relaxation tapes were made for regular classroom teachers having personal crises, as well as a variety of musical tapes for use in the classroom. It is the philosophy of the music therapy/emotionally handicapped department to be of service to the schools which house the EH programs as a gesture of appreciation for their support of the EH program as well as their support of the music therapy program.

Addendum

Evaluation of the music therapy program for FSY 1983-84 was even more successful and positive with the response being 2.94 from 27 teachers. This data is presented in Chart Form in Figure 2. The written critiques submitted by the teachers closely correspond with the 1981-82 descriptive analysis. These critiques are included in Exhibit C.

All the evaluations speak highly of the music therapy program and directly to its success in the school system.

INDIVIDUAL ANSWERS TO QUESTIONNAIRE

Data Evaluation of Music Therapy in the Emotionally Handicapped Program

FIGURE 2

Scale Used For Rating

NO	AT TIMES	YES
1	2	3
Not At All	Moderately	Very Much So

Question Number	Delray.CA	Delray JR	Delray DM	JC Mitchell CC	JC Mitchell MO	Galaxy SD	Galaxy PM	Galaxy PW	Galaxy TH	West Gate MD	West Gate GW	South Olive MC	South Olive SM	Greenacres GM	Forest Hill DW	Forest Hill SS	Forest Hill CG	Grove Park CK	Grove Park ET	Grove Park DW	Grove Park DG	Grove Park MS	Grove Park MS	Westward LF	Lincoln TB	Self Evaluation	Aides	Average Score of All Participants on Specific Questions	Question Number
1	3	3	3	3	3	3	3	3	3	3	2	N/A	3	3	3	3	3	3	3	3	3	3	3	3	3	3+	3	2.96	1
2	3	3	2	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.92	2
3	3	3	3	3	3	3	3	N/A	3	3	2	N/A	3	3	3	3	3	3	3	3	3	3	3	3	3	3+	3	2.96	3
4	3	2.5	3	3	3+	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.94	4
5	3	3	3	3+	3	3	3	N/A	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3+	3	2.96	5
6	3	3	2	3	3	3+	3	3	3	3	2	3	2	3	3	3	3	3+	3	3	3	3	3	3	3	3	3	2.88	6
7	3	3	2	3	3+	3+	3	3	3	3	2	3	3	3	2	3+	2	3+	3	2	3	3	3	2	3	3	3	2.77	7
8	3	3	3	3+	3	3+	3	3	3	3	3	3	3	3	3	3	3	3+	3	3	3	3	3	3	3	3+	3	3.00	8
9	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3+	3	3.00	9
10	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3+	3	3.00	10
11	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.96	11
12	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.5	3	3	3	3	3	3	3	3	3	2.9	2.97	12
13	3	3	3	3+	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3+	3	3.00	13
14	3	3	3	3	3+	3	3	3	3	3	2	3	3	3	3	3	2	3	3+	2	3	3	3	3	3	3	3	2.88	14
15	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3+	3	2.96	15
16	3	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	2.88	16
17	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2.96	17
18	3	3	3	3	3	3	3	3	3	2	N/A	3	3	3	3	3	N/A	3	3	3	3	3	3+	N/A	3	3+	3	2.96	18
19	3	2.5	3	3	3	3	3	3	3	2	3	3	3	3	2.5	3	3	3+	3+	3	3	2	3	2	3	3	3	2.85	19
20	3	3	3	3	3+	3	3	3	3	2	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3+	3	2.92	20
21	3	3	3	3+	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3+	3	2.96	21
22	3	3	3	3+	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3.00	22
Average Score of Questionnaire For Each Teacher	3	2.95	2.81	3	3	3	3	3	3	2.86	2.47	3	2.95	3	2.93	2.95	2.78	3	3	2.92	3	2.95	3	2.9	3	3	2.99	2.94	Average Score on Questionnaire from all participants

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EXHIBIT A

QUESTIONNAIRE

Evaluation of Music Therapy in the Emotionally Handicapped Program

NAME: _____ POSITION: _____

SCHOOL: _____ SCHEDULE: _____

DATE: _____

Number of Years Receiving Music Therapy: _____

Average Time-Length Per Session: _____

Completing this questionnaire is optional. If you decide to participate, please return your answered questionnaire no later than June 3, 198 . Read each statement, then circle the number to the right of the statement that indicates your experience. There are no right or wrong answers, but rather guidelines to refine, maintain, and strengthen the services of music therapy. As always, thank you for your assistance.

Utilize one of the following in answering:

1 = Not at all/No
2 = At Times/Moderately
3 = Very much so/Yes
4 = Not Applicable

1. The activities in the music therapy sessions were appropriate for the DTORF stages of the children in the group.	1	2	3	NA
2. The activities in the music therapy sessions were suited for the ages and street maturity of the students in the group.	1	2	3	NA
3. The activities in the music therapy sessions reflected the DTORF needs/objectives of the students.	1	2	3	NA
4. The music therapy sessions were consistent and aligned with the philosophy, behavior, and routine of the classroom.	1	2	3	NA

EXHIBIT A - QUESTIONNAIRE (Continued)
Evaluation of Music Therapy

5.	Music therapy was successful in providing ways to practice, to develop, and to learn those specific behvavior, communication, and social goals on the DTORF.	1	2	3	NA
6.	There has been growth in the children's responses, control, tolerance, and participation in the music therapy sessions.	1	2	3	NA
7.	The behaviors worked on in music therapy had some carry over into the classroom and/or into the child's skills in interacting.	1	2	3	NA
8.	The music therapy sessions were organized and well presented.	1	2	3	NA
9.	The music therapy activities provided stimulating materials, equipment and music.	1	2	3	NA
10.	The music therapy program had different types and combinations of activities such as active (playing rhythm instruments) and passive (touching gently); verbal (sharing opinions) and physical (movement), etc.	1	2	3	NA
11.	The number and the pacing of activities during a music therapy session were appropriate for the stages and ages of the group.	1	2	3	NA
12.	The time/length of the sessions were appropriate for the stage and age of the group (did not lose attention span).	1	2	3	NA
13.	The music therapy sessions usually had a quiet ending activity which allowed the students to contain/center themselves and provided a flow back into classroom procedure.	1	2	3	NA
14.	There was generally a group closeness during music therapy.	1	2	3	NA
15.	The music therapy activities not only worked on behavior goals but also provided each child in the group several opportunities for self-expression and for personal as well as group success.	1	2	3	NA

EXHIBIT A - QUESTIONNAIRE (Continued)
Evaluation of Music Therapy

16.	The music therapy activities provided the child with freedom within group rules.	1	2	3	NA
17.	The music therapy activities were not only interesting, enjoyable, and generally fun, but also challenging for the children, and at times difficult.	1	2	3	NA
18.	When requested, the music therapist provided assistance, suggestions, music, or materials for activities to be used in the classroom and/or assisted in classroom/school activities other than music therapy and/or provided special activities for some students (reinforcement with guitar, etc. or voice for projection).	1	2	3	NA
19.	The music therapist provided time before/after therapy to discuss the children, behavior, activities, session, music and/or classroom situations.	1	2	3	NA
20.	The music therapy sessions were a valuable experience for the teacher/aide/adult volunteer, participating in the activities.	1	2	3	NA
21.	Music therapy has been an effective part of the Emotionally Handicapped Program and in achieving the DTORF objectives.	1	2	3	NA
22.	If scheduling cannot be changed or increased I would still want music therapy with my class.	1	2	3	NA

Please feel free to add any comments, explanations or recommendations.

EXHIBIT B

DESCRIPTIVE ANALYSIS

SOUTH AREA

	Positive	Comments, Suggestions
(Aide)	Very successful	Continued next year
(Teacher)	Beautiful way managed therapy Patience Insight Our relationship	
(Teacher)	Very nice growth in children's control and participation in MT Happy with their progress Happy with willingness to participate Caring attitude Willingness to put a little extra into session Grateful for the time	Integral part of next year's program
(Teacher)	Necessary component in program	Continuous - first week of month, and last day of the month, included throughout year
(Aide)	Very good for our children	Extend to 3/4 of hour twice a week - full month
(Aide)	Enjoy MT sessions myself Wonderful experience as an aide MT enjoyable Great Challenge They really tried	Difficult sometimes Hard to get themselves together
(Aide)	Great Children loved to go	Included in next year program
(Aide)	Enjoyed MT Look forward to Monday because of it	Hope to participate in it next year

EXHIBIT B - Continued)
Descriptive Analysis

(Teacher)	Opportunity to be creative in a positive environment Effective way to ventilate and express feeling appropriately	Look forward to working with you next year
(Teacher)		Once a month does not carry over well, just scratches the surface Twice a month would help

SOUTH CENTRAL AREA

	Positive	Comments, Suggestions
(Teacher)	Valuable part of EH program Growth seen in each child Success of MT Great asset to the Special Education Staff Lessons well prepared Enjoyed by everyone	
(Teacher)	Well planned Enthusiastic performances Kept students under close control	Should be continued on once a week basis Twice a month would provide better continuity
(Aide)	Liked the way you excused children too old or did not want to participate	Once a month for 30 minute sessions not enough time

WEST AREA

	Positive	Comments, Suggestions
(Teacher)	Enjoyed therapy sessions immensely Music - fabulous, non-threatening way to achieve DTORF objective	Children need more time if carryover is going to be successful

EXHIBIT B - (Continued)
Descriptive Analysis

(Teacher)	Children and myself look forward Enjoyed MT Ideas - constructive and creative	More time - twice a month or weekly Difficult to see progress If more frequent - see carryover in classroom
(Teacher)	Very interesting Stimulating for not only EH students but for all students Loved it	
(Teacher)	Session most successful part of this program	Only criticism - was not able to come out often enough
(Aide)	Enjoyed it as much as kids	Have it again next year More often than once a month
(Aide)	Enjoyed it	Length of session not long enough Need it more often

NORTH CENTRAL AREA

	Positive	Comments, Suggestions
(Teacher)		MT implemented on a weekly basis
(Teacher)	Wonderful Purposeful addition to our curriculum	More effective - need it once a week for 40 min.
(Aide)	Enjoyed Very effective in helping EH children	
(Teacher)	Extremely valuable method for interaction Feel less threatened At ease to express themselves and their emotion	

EXHIBIT B - (Continued)
Descriptive Analysis

NORTH AREA

	Positive	Comments, Suggestions
(Aide)	Super job Work very well with children and adults Good mood Patient with everyone Super nice person/teacher Enjoyed MT program immensely	
(Teacher)	Great benefit to the children Opportunity for self-expression	Feel very strongly about having MT next year

EXHIBIT C

FSY 1983/84
Written Responses and Critique
of Music Therapy Program

Teacher: Music Therapy offered specific music therapy learning experiences which were used to aid children in the mastery of Developmental Therapy Objectives. The implementation of music therapy is essential to any good emotionally handicapped program. Miss "A" has done an "outstanding" job in developing techniques and materials in meeting the unique needs of individual children and different groups of children.

Teacher: Monday's music therapy activities sessions were the key to getting our EH students off to a good week most of the time. We love music therapy, but most of all we love the way Miss "A" directed her classes, we love her too!

Teacher: Music therapy has been a valuable experience for my class as well as myself.
Miss Alexandra is important to all of us in this program. We only wish we could have her more than once a week.

Teacher: Our students could flourish even more beautifully with daily music therapy but the unfolding we have seen of personalities and social skills in the short time we have for the therapy has made music therapy not just a nice addition but an integral part of our program. It (therapy) is a necessary element in dealing with each child as a whole person. Our music therapist is exceptionally gifted with sensitivity and expertise that tune immediately into the children and make her an invaluable and irreplaceable member of our school team.

Teacher: Although we did not follow a strict DTORF program the therapist was aware and responsive to children's needs and objectives from their Treatment Plans (the structure used this year). SEH children need more than ½ hour a week of this beneficial program and this most cooperative, professional, understanding and wonderful therapist!

EXHIBIT C
Written Responses and Critique (Continued)

Teacher: The music therapy sessions were one of the most effective means of eliciting change in an extremely positive way! On not only the children's behavior, but also their sensitivity to sound, touch and feelings.

Teacher: It is the opinion of this teacher that the music therapist went out of her way to meet both the needs of the students and added needed support to the teachers.

Teacher: I would like to request if possible that the number of sessions be increased. It has been a tremendous pleasure working with Celene this year!!

Teacher: Music therapy was a wonderful and important part of our weekly program. The students always were anxious to see what activity Miss Alexandra would lead. Many of the activities used to develop positive peer interactions and self concept were repeated by the students outside of music therapy. Frequently phrases from music therapy (ex: "Your opinion is important" or "nice sharing") were used by the students, in context, without prompting from the teacher or aides. Miss Alexandra's enthusiasm, and concern for every student made music therapy a special time for each student. My only regret is that music therapy isn't available for more sessions per week.

Teacher: Ms. Alexandra has done a beautiful job with my students. We look forward to seeing her every Thursday. She is a very warm, loving and charming teacher.

Teacher: The music therapy program continues to be favored by the EH students. The structure provided by the teacher has been very helpful in following through and stressing Behavior Modification in the classroom setting. In all situations, the therapist has been able to keep the class under control and make each session a valuable learning experience for each student.

Teacher: I would "love" to see music therapy increased to 45 min. a session.

EXHIBIT C
Written Responses and Critique (Continued)

Teacher: You have a wonderful character--it has really enhanced my students' expression of many emotions.

Teacher: I came in later in the year, but I feel Ms. Alexandra was very successful and greatly appreciated by the students and staff. The children were always calmer after Music Therapy and anxious for the next lesson. She has been a great help in my classroom.

Teacher: I feel you did a very good job with a very difficult class.

Teacher: My class benefits from music therapy enjoyable. It provides them with sharing their heart and other opportunities to share that I can not provide as a classroom instructor.

Teacher: Very valuable experience for the children in being able to cooperate and work as a group.

Teacher: Also had a calming effect on the children.

Teacher: An excellent program.

Teacher: Music therapy has been a valuable experience for our children this year!

Teacher: Recommendations = KEEP UP THE GOOD WORK!

Teacher: Music therapy has been an extremely important component of this program. The sessions have been very well organized, relaxing and have offered the opportunity for self as well as group growth. You've been wonderful Mrs. A!

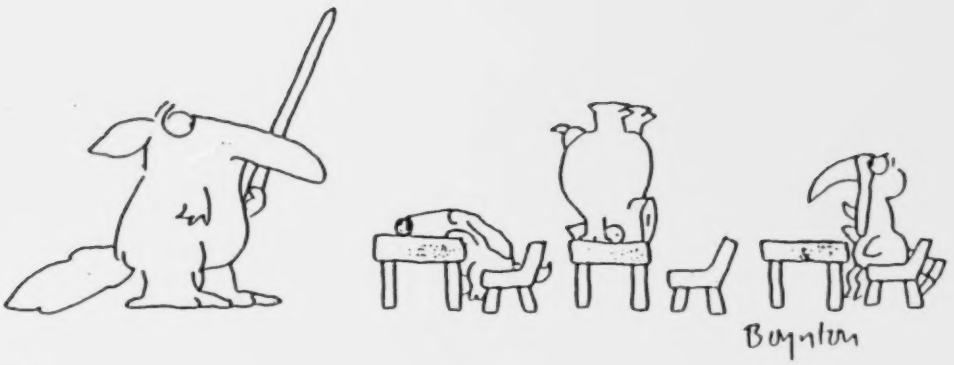
Teacher: You made our day brighter, warmer, and more loving. Thank you. We look forward to having you next year--Music Therapy is a necessary part of our program.

Being a teacher is aard vark,

but you're sure
good at it!

See you next year.

– Jones



Staff Photo by CHRIS WALLER

Therapist Celene [redacted] teaches class at [redacted] the value of cooperation.

Music therapy used to motivate, influence behavior of children

By SUSAN SALISBURY
Education Writer

Although we children rarely it, most of us are subjected to music "therapy" every day.

The soothing strains wafting over the dentist's chair, the sophisticated sounds echoing through an elegant department store and the upbeat music in the supermarket on weekends are all aimed at influencing our behavior.

But serious music therapy, which involves much more than listening to music, is used to help everyone from alcoholics to emotionally disturbed children.

Celene [redacted] Delray Beach is a registered music therapist who serves many groups in the area. She conducts music therapy at [redacted] Elementary School in [redacted] and three other county schools.

In addition, she is working with the Comprehensive Alcoholism Rehabilitation Programs, the [redacted] Palm Beach County Health Department and the Community Mental Health Center.

[redacted] was teaching music when she saw how much it could help children, and she felt drawn to become a music therapist.

"In music education, we use music to teach rhythm and singing. In music therapy, we use music to teach normal behavior," said Ms. [redacted] who holds master's degrees in both music education and music therapy.

Music therapy began after World War II as a way to help shell-shocked veterans, and today is used with people of all ages, even babies.

"Music has been used through the ages to inspire, to motivate and to influence behavior," she said.

In a class for emotionally handicapped students at [redacted], the goal of the music therapy is to help the children's development and to teach such things as cooperation.

During one exercise Ms. [redacted] had one student hold a triangle while another played it. Without even realizing it, the children were sharing, using patience and taking turns.

"Music also helps teach gentleness and sensitivity."

In one exercise, the children sit in a row and while music plays, they massage the back of the person in front of them. For some, it's the first time they have ever been gently touched by a peer, and confidence is built.

"The key to music therapy is to get the child involved in an activity and get the child distracted by it, then put in the behaviors you want the child to do," she said.

For example, she once worked with a mentally retarded boy who threw everything that was put in his hands. Since he had never held anything, he could not explore objects and learn from them. He couldn't feed himself since he always threw the spoon on the floor.

Ms. [redacted] got him to use some rhythm instruments, and since he wanted to participate, he began to hold them. Eventually, he transferred holding the musical instruments to holding other objects, and even began feeding himself.

Another young boy constantly clenched his fists. Ms. [redacted] gave him a rhythm instrument that could only be played if he opened his fist. Gradually, he stopped clenching them.

With an adult group, music therapy might be used to teach relaxation. The therapist would play music while the group imagined a vacation scene in their minds. At the same time, they would visualize the scene as a color. With practice they could drop the scene and then the color, and when that music is played, feel relaxed.

It may sound simple, but Ms. [redacted] cautions that things aren't always what they seem.

A person who has had a hard day at work might think listening to slow, soothing music would help him relax, but it would probably make him more tense.

"You start at the level you are in and program yourself down," she explained. "If you started with loud music and then worked down, it would probably be better. If you are lethargic, you don't start with hyper music. You program yourself up to it, then level off."

And of course, the same music can influence different people in different ways.

"What I like about music therapy is that it does work. It is effective and can change behavior in a pleasant way. It takes a lot of stress out of learning and makes life more than what it is."

EXHIBIT D

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EXHIBIT D

Celene Alexander helps [redacted] play the guitar during music therapy class designed for emotionally disturbed children in county schools.

Music Class More Than Therapy

By Mary Thorwachter

The kids in Celene [redacted] class were clapping their hands and snapping their fingers as they listened to Jimmy Buffet sing about how he doesn't know where he's "gonna go when the volcano blow ... "

But when the tape-recorded song stopped, her students, re-grouped in a titillating game of "Mr. D.J.," had little trouble deciding how to rate it.

"I gave it a 15 ... It's my favorite song," one of the five elementary students said. "I liked the beat and I liked the words."

While activities like "Mr. D.J." may make Ms. [redacted] class seem like fun and games, and indeed there's plenty of that, her music therapy program for emotionally disturbed children in [redacted] County schools is getting rave reviews from students, teachers and parents.

Even more importantly, the music therapist said, the kids are making headway with socialization skills, such as sharing, cooperating, giving and receiving compliments, participating, enjoying themselves and enjoying themselves as part of a group.

"Once you get involved in an activity, it's a distraction and you learn a behavior," said Ms. [redacted], a registered music therapist from Briny Breezes who began her work in [redacted] County schools last January.

During a session Tuesday at [redacted] Elementary School in [redacted], enthusiastic therapist and support teacher [redacted] a special education teacher for emotionally disturbed children at the school, began with a musical game which had the youngsters playing tambourines, maracas, cymbals, bells and drums, as one of the students assumed the role of a policeman, flashing instructions to "stop" and "go."

Each student was allowed to choose his own instrument, which they played until given the signal to "stop."

Another activity, a modified version of "hot potato," had the small group passing around a ball as they listened to music. When the music stopped, everyone had to compliment or do something nice for the person holding the ball.

A giggling boy was the first to wind up with the ball.

"You're good in music therapy," said Ms. [redacted].

"You're a good kid," said the girl sitting next to him.

One of his classmates gave him a handshake, another a pat on the back. But Ms. [redacted] made a real hit. Her "nice thing" was a loving hug and kiss.

"Each activity demands a different skill," said Ms. [redacted]. And each of the two weekly sessions has different activities.

"We might draw a smile with our knees or play the guitar .... All behavior is learned, you know. The activities make for an easier transfer to a skill."

Sessions usually end with some sort of calming activity, called "sensitivity."

"Music does produce much enthusiasm and excitement ... so I usually end with a safety activity to ground them to do other things," Ms. [redacted] said.

Ms. [redacted] said what has surprised her most "is the sensitivity of the children ... they are so receptive, so intuitive ... that's my treat. It lets me go home from every session feeling better."

That good feeling, she said, is heightened when there's a breakthrough in an activity.

"For example, a boy who would not make up his mind or isn't that aware of his environment. We'll instruct the kids to grab a tambourine and he'll see someone take maracas. He'll tell them 'no, only tambourines.' He's incorporated two activities and that's great."

The kids' (ages 8-12) first exposure to a music therapy session was very good, said Ms. [redacted]. "They loved it. They wanted to learn to play the instruments. They like the freedom they have in there, even though they know they have rules to follow. They get to make their own decisions and each person gets a chance to have something that's his own."

The teachers work with Ms. [redacted] regularly, which makes for a good coordinative effort, said Ms. [redacted].

"There's a good consistency and the kids learn they can depend on someone," she said.

Our curriculum is developmental therapy, along with the [redacted] curriculum."

A music therapy program like the one at [redacted] Elementary was recently completed at [redacted] Elementary School in [redacted], as well as several other county schools.

"It's a very positive-based thing," said Ms. [redacted]. "Therapy is always positive."

Principal [redacted] said the music therapy program has seen a "lot of good results so far."

Ms. [redacted] agrees, adding parents have been making favorable comments as well. "We hope it will continue."

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EXHIBIT D

Music Therapy Fun but Work

Attentive youngsters go through an exercise (above) with a ball and music during a music therapy session held in county schools to help kids like [redacted]o (right) develop socialization skills. Teacher Celene Alexander [redacted] says she has been surprised at the sensitivity of the children. 'They are so receptive, so intuitive ... that's my treat,' she says.

Story, Page 2

Staff Photos by Ruth Cinotti

APPENDIX F

SELF-RATING FORM

NAME_____DATE:_____

Directions:

A number of statements to describe your experience when presenting a specialized music activity with your students are given below. As you read each item, evaluate the statement in terms of over a period of time rather than a specific day, session or activity. Circle the number that indicates your over-all experience. There are no right or wrong answers.

(1) Not at all/No (3) Moderately So/Often
(2) Somewhat/at times (4) Very Much So/Yes

Not Enjoyable	1	2	3	4	Enjoyable
Upset	1	2	3	4	At Ease
Disorganized	1	2	3	4	Organized
Worried	1	2	3	3	Rested
Difficult	1	2	3	4	Easy
Meaningless	1	2	3	4	Meaningful
Distracted	1	2	3	4	Alert
Tense	1	2	3	4	Relaxed
Unhappy	1	2	3	4	Pleasant
Anxious	1	2	3	4	Calm
Unsuccessful	1	2	3	4	Successful
Insecure	1	2	3	4	Secure
Boring	1	2	3	4	Interesting
Uncomfortable	1	2	3	4	Comfortable
Useless	1	2	3	4	Useful
Doubtful	1	2	3	4	Confident
Bad	1	2	3	4	Good
Nervous	1	2	3	4	Centered
Worthless	1	2	3	4	Valuable

BEST COPY AVAILABLE

APPENDIX G - CHARACTERISTIC CHECK LIST

NAME: _____ DATE: _____

Directions:

A list of characteristics of a music activity, for teaching and practicing social, communication, and behavior skills are given beblow. As you read each item, evaluate the characteristic in terms of those you consistently considered when designing and/or implementing the music activity. Check the appropriate column which indicates your experience. There are no right or wrong answers.

LEFT COLUMN IS - YES

RIGHT COLUMN IS - NO

CHARACTERISTIC	YES	NO
1. MUSIC		
A. Support Emotional Content		
B. Support Physical Activity		
C. Relate to Theme/Intent		
D. Integrity		
2. ACTIVITY AND BEHAVIOR		
A. Appropriate for Age		
B. Appropriate for Skill Level		
C. Appropriate for Street Maturity		
D. Meets Their Need		
3. ACTIVITY		
A. Appropriate for Behavior Being Practiced		
B. Appropriate Length & Time for Major Activity		
C. Appropriate Length & Time for Closure of Activity		
4. SESSION AND GOALS		
A. Practice Social Skill		
B. Practice Communication Skill		
C. Practice Behavior Skill		
D. Practice Affect		
E. Provide Motivation		
F. Provide Theme/Reason		
5. SESSION		
A. Approximately 30 Minutes		
B. Organized into at Least 2 Activities		
C. Introduction		
D. Major Activity		
E. Closure Activity		
F. Ending		
G. Transition		
H. Adequate Pacing of Session		

CHARACTERISTIC	YES	NO
6. ENVIRONMENT		
A. Safe		
B. Pleasant		
C. Structured		
7. THERAPEUTIC METHODS		
A. Reflective Techniques		
B. Reinforcement Strategies		
C. Touch		
D. Intervention Techniques		
8. DIRECTIONS GIVEN TO GROUP		
A. Clear		
B. Give Example		
C. Practice		
9. RESOURCES		
A. Music		
B. Props		
C. Instruments/Materials		
10. TYPES OF ACTIVITIES		
A. Vary Activities		
B. Active Activities		
C. Passive Activities		
11. GROUP DYNAMICS		
A. Group Rules		
B. Freedom Within Rules		
C. Fun		
D. Challenging		
12. THERAPEUTIC PERSONALITY		
A. Enthusiastic		
B. Supportive		
C. Flexible		
D. Protector		
E. Leadership		
F. Warm		
G. Approachable		
H. Gentle		
I. Joyful		
J. Accepting		
K. Loving		

APPENDIX H

EQUIPMENT AND MATERIALS

20 Bar Chime Tree
Alto Xylophone
Soprano Xylophone
Cylinder Rotary Drum
Tambour 14" Drum
Alto Glockenspiel
Soprano Glockenspiel
Hanging Cymbal 12", 14"
Bell Spray
Wood Blocks
Barrel Type Conga 12"
Guiro
Large Guiro Shaker
Bongo Drum
Cone Conga
Small Round Conga
Copper Cowbells - 4½", 5-3/4", 6-7/8"
8-Note Resonator Bell Set
Mini Harps
Autoharps
Tick Tock Block
Triangles 5", 6", 8", 10"
Tuneable Hand Drums 10", 12"
Tambourines 7", 8", 10", 12"
Set of Three Tuneable Mano Drums
Guitar
Slit Drum
18" Roto Tom Drum
Kaluba Tiny Tympani
Kaluba Log Drum
Kaluba Beach Bongo
Medium Wood Maracas
Large Wood Maracas
Plain Rhythm Sticks
Fluted Rhythm Sticks
Guiro Tone Block, Large
Guiro Tone Block, Small
Rhythm Claves
Metal Shaker
Sand Blocks
Nickel-Plated Gong 5"
Finger Cymbals
Brass Cymbals 5", 7"
Loop Bells
Jingle Taps
Castanets
Taos Indian Drums - 9", 10", 12"
Octo Drum 13"
Hawaiian Uli Uli Standard
Hawaiian Uli Uli Medium
Hawaiian Pu Niu Large
Hawaiian Puli Medium Sticks
Hawaiian Puli Large Sticks
Temple Blocks
Chinese Gong 14"
Ball
Conductor's Baton
Treasure Chest
Assorted "Jewels"

APPENDIX H

Equipment and Materials (Continued)

Paste
Magic Markers
Paper for Heart
Crayons
Sheet
White Drawing Paper
Indian Feathers - Different Colors
Elastic Bands
Small Feathers
Magic Rocks (Alka Seltzer)
Magic Pouch
Club Soda
Green Food Coloring
Large Shamrock Candy Disk
Giant Shamrock
Barbershop Hats
Blindfolds
Scarf (Magic)
5 Rolls of Assorted Colored Ribbons
Scissors
Stapler
Space Ray Gun
Colored Construction Paper
Paper Snow Flakes
Special Paper for Gifts
Scotch Tape
Masking Tape
Santa Claus Hat

Stuffed Animals and Objects

Witch
Bunny
Santa
Heart
Turkey
Rainbow
Cloud
Hawaiian Leis
Head Antennas
Stop-Go Sign
Cards with 5/10/15
Cards with Different Symbols of Instruments
Cards with Different Occupations
Puppets, Happy/Sad
Puppets Thanksgiving Set
Puppets Family and Pet Set
1 Large Bedspread
1 Large Extension Cord
1 AM/FM Panasonic Stereo Cassette Unit

APPENDIX I

LESSON PLANS FOR SEMINAR SERIES

Seminar 1 -- Lesson Plan

I. INTRODUCTION

A. EXPLANATION

1. Practicum - Nova
2. Purpose
3. Outcome of Seminars

B. SEMINAR SERIES OUTLINED

1. Organization
2. Time Line
3. Major Issues

C. RESPONSIBILITIES

1. Practicum Leader
2. Participating Teachers

II. EXPERIENCE ACTIVITIES

A. STOP/GO

B. HERO

C. INDIAN

D. FOLLOW THE LEADER

E. SANTA'S HAT

F. D J

G. TRIANGLE SYMPHONY

H. MAKE HEART

I. FIND PUMPKIN

J. RADIO

APPENDIX I

Seminar 1 -- Lesson Plan (Continued)

K. LEPRECHAUN MAGNET DRAW

L. SANTA'S DANCE

M. SENSITIVITY TRAIN

III. DISCUSSION

A. TEACHER EXPERIENCE

B. ACTIVITY EXPERIENCE

IV. THERAPEUTIC KEYS

A. KEEP EYE ON BEHAVIOR

B. DISTRACTION

C. INVOLVEMENT

1. Drop Polarity
2. Model
   a. action
   b. emotion
3. Participate
   a. lead teacher
   b. support teacher

D. INTEGRITY/PURPOSE

E. THEME

F. STRUCTURE

1. Length
2. Time
3. Pacing

G. ENJOYMENT/LOVING

H. STIMULATING MATERIALS

I. APPROPRIATE MUSIC

J. ALWAYS WAIT IN BEGINNING OF ACTIVITY

APPENDIX I

Seminar 1 -- Lesson Plan (Continued)

J. (Continued)

1. Let Music Do Work
2. Let Music Set Mood
3. Let Music Get Their Attention

K. USE POSITIVE REPETITIVE STATEMENTS

1. "Your Opinion is Important"
2. "Good Answer"
3. "Nice Sharing"
4. "Sure, I'll be Glad To"

L. PRACTICE DIFFICULT RESPONSES OR ACTIONS BEFORE START OF ACTIVITY

1. If Passing Instruments to Right, First Touch Person on Right
2. If Using a Statement Repeat It Together

V. WHY MUSIC THERAPY IS EFFECTIVE

A. COMPLIMENT ANY DISCIPLINE

B. CONSISTENCY OF MUSIC (Repetition, Repetition = Key to Learning)

C. A PURPOSE IN DOING A BEHAVIOR

D. NON-THREATENING

E. MOTIVATING

F. ALIGN PHYSICAL, MENTAL, EMOTIONAL, SOCIAL = Total Involvement

G. PROVIDES A NATURAL CLOSURE

H. MEASURED - CONTROLLED

I. RELEASES POLARITY

J. FOCUS ON ACTIVITY NOT BEHAVIOR

APPENDIX I

Seminar 1 -- Lesson Plan (Continued)

VI. DYNAMICS OF MUSIC THERAPY

A. PURPOSE/BEHAVIOR/OBJECTIVE

1. Elicit
2. Shape
3. Maintain

B. TOOLS

1. Auditory Cue
2. Environmental Stimulation
3. Structure

C. DEFINITION OF MUSIC THERAPY

D. INVOLVES ACTION AND OBSERVATION

VII. RHYTHM INSTRUMENTS

A. NAMES

B. HOW TO PLAY

C. USES

1. Behavior
2. Different Cultures
3. Story/Drama/Sound Effects
4. Activities
5. Sizes, Shapes, Sounds

D. BENEFITS

1. Focus
2. Distraction
3. Action
4. Experience
5. Alignment

E. KEY

1. Explore
2. Practice
3. Use Intermittently
4. Listen or Watch for Cue

APPENDIX I

Seminar 1 -- Lesson Plan (Continued)

VIII. PROPS

- A. IMPORTANCE
- B. USES
- C. EXAMPLES
  1. Hats
  2. Magic Scarf
  3. Feathers

IX. TYPES OF ACTIVITIES

- A. MOVEMENT
- B. DRAMA
- C. RHYTHM INSTRUMENTS
- D. SINGING
- E. LISTENING
- F. GAMES
- G. CREATIVITY
- H. REAL INSTRUMENTS
- I. CALL/RESPONSE
- J. DRAW
- K. DANCE
- L. ACTION SONGS
- M. ACT
- N. STORIES
- O. RELAXATION

X. DISCUSSION/QUESTIONS

Seminar 2 -- Lesson Plan

I. REVIEW

II. EXPERIENCE ACTIVITIES

- A. SPANISH
- B. RECORD VOICE
- C. COWBOY
- D. ORIENTAL SIMON SAYS
- E. ACTION SONGS
- F. PASS SANTA
- G. COMPOSE
- H. CREATIVE WALK
- I. DRUM SYMPHONY
- J. CHANT
- K. SENSITIVITY TRAIN

III. DISCUSSION

- A. TEACHER EXPERIENCE
- B. ACTIVITY EXPERIENCE

IV. DEVELOPMENTAL THERAPY

- A. STAGES
- B. DTORF
- C. LEADERSHIP ROLE

V. INTERVENTION STRATEGIES

- A. KEYS
  1. Use Before Anything Happens
  2. Be Direct But Pleasant

APPENDIX I

Seminar 2 -- Lesson Plan (Continued)

B. REDIRECT CHILD BACK INTO ACTIVITY

1. Verbally
2. Encouragement
3. Stroking
4. Touching
5. Eye Contact
6. Gesture
7. Sitting Close

C. REINFORCE

D. CRISIS INTERVENTION

1. Use
   a. only when needed
   b. go through steps

2. Procedure
   a. ask child to leave group
   b. place child near but away from group
   c. monitor child
   d. ask child to raise hand when he's ready to return to group
   e. encourage child to come back
   f. reinforce child when he does return

VI. DYNAMICS OF MUSIC

A. ISO PRINCIPAL

B. CREATE A MOOD

C. MATCH EMOTIONAL CONTENT

D. RELATE TO THEME

E. REFLECT PURPOSE

1. Release Emotion
2. Relive Experience
3. Trigger a Behavior
4. Cue

APPENDIX I

Seminar 2 -- Lesson Plan (Continued)

F. MUSIC ITSELF

1. Positive
2. Appropriate for Child
3. Reflect Event or Season
4. Different Syles/Kinds of Music

G. SUPPORT PHYSICAL ACTION

H. INTEGRITY AND CONSISTENCY WITH SESSION

I. ALIGNMENT OF ALL ASPECTS

J. LITTLE OR NO HARD ROCK

VII. LEAD/SUPPORT ROLES

A. LEAD ROLE

1. Provide Activity
2. Provide Structure
3. Provide Focus and Direction
4. Choose Correct Music
5. Provide Equipment and Materials
6. Create Environment
   a. safe
   b. fun
   c. positive
   d. gentle
   e. pleasant
   f. loving
7. Provide Timing and Pacing of Sessions
8. Provide Motivation
9. Lead Activity
10. Intervention Strategies

B. SUPPORT ROLE

1. Support
   a. lead teacher
   b. activity
   c. children
2. Participate in Activity with Children
   a. provide a mirror for children
   b. provide a role model

APPENDIX I

Seminar 2 -- Lesson Plan (Continued)

3. Protect
   a. children
   b. lead teacher
4. Reflect to Children
   a. what they're doing
   b. how they're doing
   c. how they're responding
5. Intervention Strategies

VIII. LEADERSHIP QUALITIES

A. DIRECTIVE

B. RELAXED

C. ENTHUSIASTIC

D. POSITIVE EXPECTATION

IX. DISCUSSION/QUESTIONS

Seminar 3 -- Lesson Plan

I. REVIEW

II. EXPERIENCE ACTIVITIES

- A. ACT
- B. BLINDFOLD
- C. PASS TURKEY
- D. IRISH MAGIC
- E. FIND WITCH
- F. MACHINE
- G. DRAW ON SHEET
- H. THROW BALL
- I. MAGIC MIKE
- J. SPACEMAN FREEZE
- K. SENSITIVITY TRAIN

III. DISCUSSION

- A. TEACHER EXPERIENCE
- B. ACTIVITY EXPERIENCE

IV. DESIGNING AND IMPLEMENTING A THERAPEUTIC MUSIC ACTIVITY

- A. ACTIVITY AND BEHAVIOR
  1. Appropriate for Age
  2. Appropriate for Skill Level
  3. Appropriate for Street Maturity
  4. Appropriate for Behavior Being Practiced
- B. SESSION
  1. Approximately 30 Minutes
  2. Organized Into at Least 2 Activities
  3. Introduction
  4. Major Activity

APPENDIX I

Seminar 3 -- Lesson Plan (Continued)

5. Closure Activity
6. Ending
7. Transition

C. ACTIVITY AND SESSION

1. Appropriate Length/Time for Major Activity
2. Practice Skills
   a. social
   b. communication
   c. behavior
   d. affect
3. Appropriate Length/Time for Closure

D. ATTITUDE

1. End always Higher than you Begin
2. Keep in Mind Purpose is to Practice and grow
3. Expect the Best

E. GROUP

1. Rules
2. Procedure

F. OTHER

1. Environment
2. Theme
3. Motivation
4. Music
5. Intervention Strategies
6. Therapeutic Methods
7. Support/Lead Role
8. Props, Materials, Instruments
9. Remember - You are Creating a Scene

G. REVIEW MUSIC THERAPY KEYS

V. THERAPEUTIC/NURTURING PERSONALITY

A. ENTHUSIASTIC

B. SUPPORTIVE

APPENDIX I

Seminar 3 -- Lesson Plan (Continued)

C. FLEXIBLE

D. PROTECTOR

E. LEADER

F. WARM

G. APPROACHABLE

H. GENTLE

I. JOYFUL

J. ACCEPTING

K. LOVING

VI. PRACTICE ROLES IN PRESENTING

A. LEAD

B. SUPPORT

VII. DISCUSSION/QUESTIONS

Seminar 4 -- Lesson Plan

I. REVIEW

II. EXPERIENCE ACTIVITIES

- A. PASS BUNNY
- B. DRAW ROUND ROBBIN
- C. BASEBALL PLAY
- D. ORIENTAL DAY
- E. TALENT SHOW
- F. TRIANGLE PARTNERS
- G. BIG AUTO HARP
- H. DRAW A FLOAT
- I. DRUM SYMPHONY
- J. SNAKE
- K. BELLS COMPOSE NAME
- L. SENSITIVITY TRAIN

III. DISCUSSION

- A. TEACHER EXPERIENCE
- B. ACTIVITY EXPERIENCE

IV. SHARE CLASSROOM EXPERIENCE

- A. GROUP
- B. DIADS

V. ASSISTANCE/QUESTIONS

VI. IMAGERY EXERCISE

Seminar 5 -- Lesson Plan

I. REVIEW

II. EXPERIENCE ACTIVITIES

- A. PASS HEART COMPLIMENT
- B. MAKE GIFT
- C. HAWAIIAN DAY
- D. DRAW WITH BODY
- E. SILLY FACE FREEZE
- F. BUFFLO
- G. MINI HARPS
- H. INDIAN MESSAGES
- I. DRUM SYMPHONY
- J. PUPPETS
- K. ORFF INSTRUMENTS
- L. SENSITIVITY TRAIN

III. DISCUSSION

- A. TEACHER EXPERIENCE
- B. ACTIVITY EXPERIENCE

IV. SHARE CLASSROOM EXPERIENCE

- A. GROUP
- B. DIADS

V. DATA COLLECTION

VI. IMAGERY EXERCISE

VII. CLOSURE

- A. BENEFITS OF MUSIC
  1. Hooks Child's Imagination - Aligns it with Action

APPENDIX I

Seminar 5 -- Lesson Plan (Continued)

2. Structure
3. Keeps Flow of Motion and Emotion Moving
4. Sets Stage
5. Own Intensely Real Experience
6. Non-Threatening
7. Makes Life/Action More Than It is.

B. EXTRA TIPS

1. Difficult Child - See Jewel Above Head
2. Lead by Stroking Not Striking
3. Attitude of No Harm Will Come While With You
4. Positive, Humorous, Honest
5. They Will Remember the Love

C. PRACTICUM WRITER'S GRATITUDE

APPENDIX J

Critiques of Seminar Series

Teacher: It was truly a learning experience - an excellent program. The content was interesting and understandable. The seminars were well planned, and extremely well presented. Everything was so helpful. You went beyond the information and right into the heart. You did an outstanding job. In every way - PROFESSIONAL and EXCELLENT.

Teacher: You're not only Miss A, you're Miss A+. You should really copy your ideas, activities and techniques. The way you look at things and do things are truly unique. I have learned so much in so little exposure time - no wonder you're so loved by your teachers and students. I know you've made a difference in my classroom and in my teaching.

Teacher: With your help, I now feel competent in using these strategies and activities with my students. The results have been remarkable. My children showed empathy, love and kindness at the end of the sessions. It was such a nice feeling. Thank you. I feel privileged to have been a part of your practicum.

APPENDIX J (Continued)

Teacher: I especially liked the loving way in which you do all your work. What a devoted person. The schools are so lucky to have you. You make things look so easy . . . and it was. The children responded quickly and naturally. In all, it was an unforgettable experience. I appreciate everything you've done for us.

Teacher: My students loved our "special activity time." There have been big changes in the children, mostly in their attitude toward one another. I'm so glad I joined your seminar series. I know it will benefit me for the rest of my teaching career.

Teacher: Your workshops were precious. I will remember them with the same love that flowed toward me. It is a joy that I am able to create the same mood with my students and what is really wonderful, the children increase their own lovingness when they are sharing. The gifts you have given us go on and on - as you have said "ETC."

Teacher: Great everything! I feel fortunate to have shared this time with you. Your presentations and the experiences we had were invaluable.

APPENDIX J (Continued)

I highly recommend this program for every elementary teacher and supervisors.

Teacher: Very informative, educational, insightful and therapeutic. The activities were terrific and the experiences were unique. You're such a creative, positive, and warm person.

Teacher: You're the one that made it and now I'm the one that's doing it - perhaps not as smoothly as you but I do get results and I am growing in ease and confidence each time. I found when I'm honest all the stress leaves, so I'm becoming more and more open with my students. They seem to really respond to the techniques. They really enjoy the activities and I have seen transfer of behaviors learned from the session into the classroom. Many times I have heard "Sure, I'll be happy to" - "Your opinion is important" - "Nice sharing" - Good answer" - The very statements we practiced in the music activities. It is amazing how these things work into the consciousness from such a short 30-minute session. Thank you, you're really special.

APPENDIX J (Continued)

Teacher: These workshops were outstanding - terrific - great - excellent - fantastic - marvelous - Etc. - Etc. - Etc. - (I can go on forever). Thank you for sharing your ideas and yourself. You have done something that has changed me and I'll always feel grateful. I hope that everyone has a chance to experience you and the creativity you bring. I stand and applaud you.

Teacher: I thought I couldn't do it but I am now leading the activities with ease. What a wonderful teacher you are! You were organized, professional informative, warm, joyful, and loving all at the same time. Who said learning had to be difficult. You made everything look so easy and fun. The ideas came alive and the activities flowed perfectly. My kids loved it. They looked forward to their special music time and now it is a part of my classroom routine.

Teacher: The activities you taught us really brought my class together. We are more sensitive and supportive of one another (including me). One major bonus was the sense of humor that has come about from these music activities. We laugh more and the days seem much more pleasant and relaxed.

APPENDIX J (Continued)

You put on one good act and I'm proud to have you as my friend.

Teacher: To repeat a cliche - "How'd she do that?" Now I know and it works for me too. The results are great. The kids love it and boy, have they improved. My students are actually being considerate and supportive of each other. The other "good news" is I have grown right alongside of my children. Thank you for sharing yourself on all levels. Your seminar series was a great success. Now - Market it!

Teacher: No words can explain how much I enjoyed taking your program and how much I have learned. You went beyond all my expectations and right into my heart. I know everyone in the class feels the same, and that is you are as special as your activities. It seems like you've taken us all from caterpillars to butterflies. I'll always remember the experiences with love and warmth. I thank you very much.

Teacher: You can do more in thirty minutes than most "professionals" can do in a week and most college professors ever do. What an eye opener. I wish

APPENDIX J (Continued)

I had someone like you when I was growing up - but it's never too late. I came into the workshop for my students and found it helped me just as much. You are right when you said the activities were spiral and that they are just as valid and therapeutic for adults. I know I grew! Thank you.

Teacher: Your knowledge of the subject matter and the way you present it is absolutely outstanding. At first I thought I could never be a leader in doing these activities and now it's a regular part of my classroom curriculum. The results are wonderful. The kids love it, and I am thrilled to be able to do something like this. Great! Job well done!

Teacher: What an experience! You are truly wonderful. Now I can understand why all your teachers and children love you. The strategies, techniques, and activities you taught work extraordinarily well with my children. Even though the activities lacked that certain quality only you can bring, I have hand tailored them for my own energy and my own style (just like you suggested) and it worked!

APPENDIX J (Continued)

Teacher: Super activities - all my students loved them and I've used some of the game formats for teaching and practicing some of the academic skills. I've always felt WOW, after doing these activities - the possibilities are limitless. Thanks for making it easy. Love ya'

Teacher: You did a superior job of presenting the activities and materials. I was surprised there were so much work and planning involved with doing a short special music session but as you said, the structure, music, and activity makes it 90% success proof. The sessions were really a hit with my students. You know, I went beyond learning to experiencing. You gave us a lot of Keys for Teaching that I will continue to use.

Teacher: It was a wonderful seminar series. I am so happy that I decided to participate in these workshops. It was a fantastic experience not only for my children but also for myself. You have opened so many new doors and renewed my enthusiasm for teaching. It just goes to show that you are never too old to learn and grow. I should know because you have changed me. God Bless You.